

Direct Deposit Enrollment/Authorization Form

Electronic Funds Transfer (EFT) is a convenient way for you to receive your Flexible Spending Account reimbursements promptly. This option will allow you to have your reimbursements directly deposited into either your checking or savings account. EFT will save you the bother of cashing or depositing each reimbursement you receive and eliminates the possibility of a check being delayed, destroyed, or lost in the mail.

If you are interested in taking advantage of this option, simply complete the EFT Authorization Form below, attach a voided check, and send it to the address listed on the form. Please **DO NOT** send a deposit slip as the routing number that appears may differ from that on your check. If your bank account information changes during the year, please request that another EFT Authorization Form be sent to you so that you can update your information for us. **All changes must be made in writing.**

Please allow up to thirty (30) days for Direct Deposit activation. In the event that you are receiving a reimbursement during that time, you will be issued a manual check. All future reimbursements will be directly deposited into your specified bank account, usually within two (2) business days after claims processing. NOTE: Always verify with your bank that funds are available BEFORE withdrawing. Neither ADP nor your employer is responsible for NSF charges or Returned Check fees.

Each time you are issued a reimbursement, an Explanation of Benefits (EOB) will be sent to you confirming the amount you were reimbursed in addition to other pertinent spending account information.

NOTE: If you are participating in more than one FSA plan, reimbursements for ALL plans will be sent via EFT to the bank account specified.

Check one box only: <input type="checkbox"/> Activate Direct Deposit	<input type="checkbox"/> Change Bank Account	<input type="checkbox"/> Cancel Direct Deposit
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Electronic Funds Transfer (EFT) Authorization Form
(Please print or type)

Employee Information

Name	Social Security Number
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Account Information

Bank Name	Account Number
Bank Identification Number (ABA#)	Type of Account <i>(Check ONE)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorization

This is ADP's authorization to activate, change or cancel Direct Deposit, per my selection above, with the named financial institution for the account number specified. I have verified that my financial institution can receive transactions by Electronic Funds Transfer. I authorize my financial institution account to be debited for any reimbursements sent in error. I understand that Direct Deposit will continue automatically into each new Plan Year unless I notify ADP FSA Services in writing that I wish to discontinue Direct Deposit. I also understand that it may be necessary for ADP to make changes to my account and/or routing information during the year. This may result in reimbursements being temporarily sent in the form of a check. These changes are usually made in accordance to ACH regulations, mandated by the Federal Reserve Bank, in response to mergers and acquisitions, in order to ensure the proper and timely posting of funds. For activation, account change, or cancellation: by signing below, I certify that I have read and understand the information on this form and that the option of Direct Deposit will remain in effect until written notification is provided by me requesting otherwise.

Signature	Date
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If the account specified is a joint account, the name and signature of the second signor are required to authorize electronic funds transfer to the account.

Name	
Signature	Date

Return completed form to: ADP/FSA Direct Deposit P.O. Box 2698 Alpharetta, GA 30023-2698	FOR INTERNAL USE ONLY Date Entered: _____ Date Sent: _____ Initials: _____
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RETAIN A COPY OF THIS FORM FOR YOUR RECORDS
IMPORTANT! Attach a voided check, NOT a deposit slip, to this form.