

MAIL TO:
PayFlex Systems USA, Inc.
Flex Dept.
P.O. Box 3039
Omaha, NE 68103-3039
(402) 345-0666



**DIRECT DEPOSIT
AUTHORIZATION
FORM**

FAX TO:
PayFlex Systems USA, Inc.
Flex Dept.
(402) 231-4283
(No Cover Page Required)
Page 1 of _____

☐ New Agreement

☐ Change Account

☐ Cancel Agreement

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize PayFlex Systems USA, Inc. (PayFlex) to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until PayFlex has received written notification from me of its termination in such time and in such manner as to afford PayFlex and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement account plan.

Select One: ☐ Checking Account ☐ Savings Account

Financial Institution:


Name _____ **Branch** _____

City _____ **State** _____ **Zip Code** _____ - _____

Transit/ABA No. _____ **Account No.** _____
(See example below)

Employer Name _____

Employee Name _____ **Member Number** _____
(This may be your SSN or employer assigned number)

 **Employee Signature** _____ **Date** _____

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings accounts

Form will not be processed without information below.

Jane A. Doe 1000 Main St. Anywhere, USA 10001		Date _____	3680
PAY TO THE ORDER OF _____		\$ 	
_____		DOLLARS	
MEMO _____	X _____		
⑆ 123456789 ⑆ 11484620040 ⑆ 3680			

Transit/ABA No.

Account No.