Flexible Spending Account Direct Deposit Authorization Agreement

Company Name: _____

Participant Name: _____

Effective Date: _____

Checking (Attach Voided Check) or   Savings (Please attach Deposit Slip)

☐   ☐

☐ New   ☐ Change   ☐ Cancel

Transit ABA Routing #: _____

Account Number: _____

Name of Bank: _____

Bank Address: _____

_____

_____

Bank Phone #: _____

I hereby authorize Businessolver, Inc. to initiate deposits to the bank indicated above for my Flexible Spending Medical and/or Dependent Care reimbursements. I authorize entries such as credits, debits and adjustments made in error to my account. I understand I can only have the direct deposit to only one bank account.

Signature/Date: _____

Attach Voided Check Here