

a reasonable opportunity to act on it.

Signature:

Direct Deposit Authorization Form

	Employee Information – *all fields required			
*Employer				
*Name	*[Date of Birth	*Employee ID Number	
*Email Address	·			

Please consider saving paper and using the online portal to process your Direct Deposit Authorization.

The online portal is fast, convenient and secure! Check your benefit materials for log in instructions and user access credentials, or call us at 1-800-580-6854 for assistance logging in.

Fax this completed form to: 800-595-4642

Mail to: Spending Account Service Center, 2300 Renaissance Blvd., King of Prussia, PA 19406

IMPORTANT: Once processed, a micro-deposit will be sent to your bank account. To complete the bank account activation process, you must log on to the consumer portal to verify the micro-deposit amount you received.

The activation period will expire 10 days from the date your bank account was entered.

Bank Information			
Name on the Account			
☐ Initiate Direct Deposit ☐ Change Bank Account Information ☐ Cancel Direct Deposit			
☐ Checking — Attach a voided check ☐ Savings — Attach a Savings Account Deposit Form.			
Routing Number (Always Nine Digits)			
Account Number			
Attach bank document here			
Authorization			
I hereby authorize the Spending Account Service Center to initiate credit entries for depositing my Spending Account reimbursements into my account indicated above. I authorize corrections for any entries made to my account in error. This authority will remain in full force and effect until the Spending Account Service Center has received written.			

notification from me of its termination in such time and in such manner as to afford the Spending Account Service Center

Date: