



Flexible Spending Accounts (FSA) Direct Deposit/Email Authorization

Last Name:		First Name:	
Social Security Number or Employee I.D. Number:			
Employer:			
Street Address:			
City:		State:	Zip Code:
Work Phone: (____) _____ - _____			Extension:

Email Notices of FSA reimbursements:

Please send email notices of my FSA reimbursements by direct deposit and employee periodic statements to the following address:

I wish to receive my FSA reimbursements by Direct Deposit. I hereby authorize ASIFlex to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated below and to credit the same to such account. If necessary, ASIFlex may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until ASIFlex has received written notification from me of its termination in such time as to afford ASIFlex and my bank a reasonable opportunity to act. I understand that claims submitted with or within two banking days of this change will be held for pre-note with the bank.

Your bank's name: _____

Bank's Routing #: _____ Your Account #: _____

Type of account: _____Checking _____Savings

Signature _____ Date _____

If you have any questions call 1-800-659-3035 or e-mail us at asi@asiflex.com.

Direct Deposit Account Verification

For new authorizations, please attach a void check or a copy of a check in this area so that we may verify your routing and account numbers. Send to:

P. O. Box 6044, Columbia MO 65205-6044

or

fax to: 1-866-381-9682

