

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF FLEX SPENDING REIMBURSEMENTS

Company Name: _____

I hereby authorize **BENEFIT RESOURCES** to initiate deposit to the bank account indicated below. I authorize credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to my account.

This account is: (Please check one of the following options)

New _____ Change _____ Cancel _____

_____	_____	_____
Transit ABA Routing #	Account Number	Account Type (Checking or Savings)

Name of Bank: _____

Bank Address: _____

Bank Phone: _____

This authority is to remain in full force and effect until **BENEFIT RESOURCES** has received written notification from me of its termination in such time and in such manner as to afford **BENEFIT RESOURCES** and Depository a reasonable opportunity to act on it.

Please Print Your Name

Social Security Number

Signature

Date

Mail the completed form and a copy of a voided check (for checking accounts) or a deposit slip (for savings accounts) to:

BENEFIT RESOURCES, INC.
4775 E. 91st Street, Suite 100
Tulsa, OK 74137-2805
Fax To: 918-481-6181 (Local Fax)
1-866-364-7052 (Toll Free Fax)