

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)