

# 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)