



Reimbursement Direct Deposit

WE KNOW WHAT YOU WANT

Timely reimbursement of claims has proved to be one of the most important criteria employees use to decide whether they should or should not participate in a flexible spending account. We look for ways to reimburse you as quickly as possible. Direct deposit is the perfect solution to save you time.

Do You Have Better Things To Do Than Wait In Line?



We deposit your money directly into your checking or savings account. No more waiting for the mail, no visits to the bank, and no waiting for the check to clear ever again.

All reimbursement requests received by Tuesday, will be deposited in your bank account by Friday – ready for you to use.

On top of that, you will be able to look up your latest claims and reimbursement information on our website—www.yourflex.com—anytime you want.

APPLYING IS EASY

Complete this application and fax or mail to Benefit Solutions along with a voided check. Once we receive this form your reimbursements that you request will start being deposited into your account according to our reimbursement schedule. Be sure to let us know if your account number changes during the year for any reason so we can be sure to get you your money promptly.

Yes, Please Sign Me Up!

I hereby authorize Benefit Solutions, Inc. to initiate credit entries to my account (ACH Credits) indicated below and the depository financial institution named below to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I have attached an unsigned VOIDED check.

This authority is to remain in full force and effect until Benefit Solutions, Inc. has received written notification from me of its termination in such time and in such manner as to afford Benefit Solutions, Inc. and the financial institution named below a reasonable opportunity to act on it.

Employer Company: _____ Day Phone Number : _____

Employee Name: _____ Social Security # : _____

Address: _____

Name of Bank & Address: _____

ABA#: _____ Account#: _____

Type of Account (Checking or Savings): _____

Signature: _____ Date: _____