



Cafeteria Plan Flexible Spending Account Direct Deposit Authorization

I hereby authorize Worksite Benefit Plans, Inc. to initiate credit entries for depositing my flexible spending account reimbursements into my account (designated below). I understand that a Direct Deposit could take up to 5 days to complete and should contact my financial institution to insure that funds have been deposited prior to accessing them.

Note: Direct Deposit Setup requires the bank account and ACH numbers be verified for accuracy before any funds are transferred. For this reason, you may receive one or two flexible spending account reimbursement checks that need to be cashed.

Group Name _____

Employee Name _____
(Please print or type)

Social Security Number _____ - _____ - _____

Daytime Phone Number: Home (_____) _____ Work (_____) _____
Area Code Area Code

1. Type of action requested: Setup _____ Change _____ Cancel _____

2. Type of Account: Checking _____ Savings _____

3. Bank Name _____ Phone # (_____) _____

Bank Routing (ACH) Number* _____

Bank Account Number* _____

***Please attach a VOIDED check if you designate a checking account. Deposit slips are NOT acceptable.**

***If you designate a savings account, contact your financial institution for these numbers.**

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

Employee Signature _____ Date _____

Worksite Benefit Plans, Inc.
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1-800-554-0528

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