

# DIRECT DEPOSIT AUTHORIZATION FORM

Fax Claims to: (410) 414-8432

Email: [questions@careflex.com](mailto:questions@careflex.com)

Phone: (888) 577-2762

CareFlex Benefit Solutions

205 West Dares Beach Road

Prince Frederick, MD 20678

New Direct Deposit Enrollment

Change to Existing Direct Deposit Account

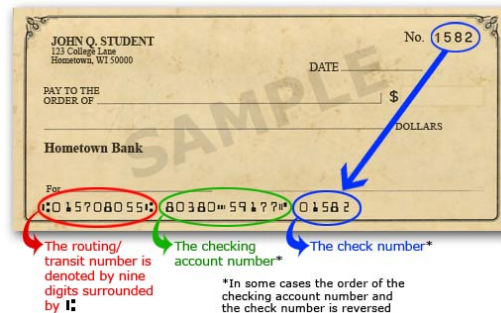
## PARTICIPANT INFORMATION

Last Name	First Name	M.I.	Email Address (Required)
Employer			Social Security Number

## FINANCIAL INSTITUTION INFORMATION

**It is critical that this information is accurate and that Checking or Savings Account is indicated.**

Financial Institution Name		
City	State	Zip
Routing Number: (9 digits in length)		Bank Account Number:
Type of Account:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account



## REIMBURSEMENT POLICY

Claims are processed every Friday and will be available in the bank account of record 3-5 business days from the date of processing. Claims received by noon on Thursday will be processed on Friday. **Confirm receipt of your direct deposit before writing checks on these funds. CareFlex Benefit Solutions will not be responsible for overdraft fees on your account.**

In order for us to properly process your request, one of the following **MUST** be attached:

- A VOIDED CHECK to deposit reimbursements into your checking account. Do not use a deposit slip.
- A DEPOSIT SLIP from your savings account to deposit into your savings account.

I authorize my Section 125 FSA, Dependent Daycare FSA, Transit, Parking or Health Reimbursement expenses to be sent to the financial institution named above to be deposited in the designated account. This authorization will remain in effect until CareFlex Benefit Solutions has received written notification from me of its change or termination at such time and manner as to afford CareFlex Benefit Solutions and the financial institution a reasonable opportunity to act on it.

In the event the funds are deposited erroneously into my account, I authorize CareFlex Benefit Solutions to debit my account not to exceed the original amount of the credit.

I understand that all direct deposits are made through the automated clearing house (ACH) and the funds availability is subject to the terms and limitations of the ACH as well as my financial institution. I also understand that it is my responsibility to verify my bank account for reimbursements.

Participant's Signature

Date