



## Direct Deposit Authorization

Return this form to:

PO Box 16647, Lubbock, TX 79490-6647 or

Fax: 844-319-3669

By completing and signing this authorization form, I hereby authorize HealthSmart Benefit Solutions to automatically deposit my unreimbursed flexible spending benefit claim payments into my checking or savings account listed below. This authority will remain in effect until I give written notice to cancel it. Any new participation and/or changes to an existing Direct Deposit account may result in a regular check sent via standard mail. Direct Deposit will become active on the next contribution period.

### Employee Name

New Direct Deposit

Change

### Employer (Company) Name

### Last 4 numbers of SSN

## FINANCIAL INSTITUTION INFORMATION

### Financial Institution Name

### Financial Institution Routing Number

### Account Number

Select One:

Checking Account

Savings Account

**IMPORTANT:** The Routing Number may be different than it appears on your check. You **must** verify this number with your financial institution before entering.

### Signature

### Date

In order to complete your application, it is **required** to attach a voided check or deposit slip to avoid any error to your account. Your financial institution can provide documentation if your banking is strictly electronic. Please send to the address above.

Jane Doe 1000 Main Street Anywhere, U.S.A. 10001	0611
Pay to the Order of _____	Date _____
VOID	\$ _____
_____ Dollars	
Memo _____	_____
:256006419:03020032178 0611	

Routing No. Account No. Check No.