

To All FSA Participants:

In effort to better serve you, we offer a Direct Deposit reimbursement option. For your convenience, we will deposit all FSA reimbursements directly into your bank account. Please complete this form, attach a voided check, and send to the address below. You may also fax your request, along with a copy of your voided check.

**Via Mail**  
Benefit & Risk Management Services  
Attn: Flex Spending Accounts  
PO Box 1697  
Folsom, CA 95763

or **Via Fax**  
866-410-0880

*Please type or print all information*

COMPANY/CLIENT NAME			
EMPLOYEE NAME			
SOCIAL SECURITY NUMBER			PHONE NUMBER ( )
STREET ADDRESS		CITY	STATE ZIP

Check one of the following:

- New Account                       Change Account                       Terminate Direct Deposit (Stop Here and Sign Below)

**I authorize Benefit & Risk Management Services to initiate credit entries and, if necessary, debit entries to correct errors in the following bank account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. Law.**

**Please deposit my FSA reimbursements into the following bank account:**

- Checking            or             Savings

ABA/Routing Number\* \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Bank \_\_\_\_\_ Bank Phone Number \_\_\_\_\_

*\* Please include a voided check below or attach a letter from your bank stating the routing number*

**I understand that this authorization replaces any previous authorization and will remain in full force until BRMS has received written notice of termination. Termination notices can take up to five (5) days to process.**

Employee Signature	Date
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Bank Account Name: JOHN A. DOE, MARY B. DOE, 123 YOUR STREET, ANYWHERE, U.S. 12345

Bank Name and Branch Information: FIRST NATIONAL BANK, 987 MAIN STREET, ANYWHERE, U.S. 12345

ABA Number: 12071000      Bank Account Number: 131978653421