

## FLEXIBLE SPENDING ADMINISTRATION

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### Direct Deposit Form:

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I wish to receive my flexible spending reimbursements by Direct Deposit. I hereby authorize Auxiant to originate electronic credit transactions to my bank, credit union, or savings and loan account indicated below and to credit the same to such account. If necessary, Auxiant may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until Auxiant has received written notification from me of its termination in such time as to afford Auxiant and my bank a reasonable opportunity to act on it.

Bank: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type:     Checking         Savings

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is this a change to a current authorization?     Yes     No

Please attach a voided check to this form for verification of routing and account numbers.

Send completed forms to:  
Auxiant  
Attn: Flexible Spending Department  
P.O. Box 75008  
Cedar Rapids, IA 52407-5008

