

Xpress Flex

3210 Elder Street
Boise, Idaho 83705
Internet Home: <http://www.xpressflex.com>

FLEXIBLE BENEFITS PLAN DIRECT DEPOSIT FORM

I hereby authorize Xpress Flex and the financial institution named below to automatically deposit my flexible benefits reimbursements to my account. This includes my authorization to reverse any entries made in error. This agreement will remain in effect until I give written notice to cancel it.

Company Name: _____

Employee Name: _____

Employee Social Security Number: _____

Checking

Savings

Account Number: _____

Transit Routing Number: _____

Name and Phone number of Financial Institution: _____

Signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK. WE CANNOT PROCESS YOUR REQUEST WITHOUT IT.

Please Note: When your claim is paid direct deposit, you will receive a notice in the mail stating the dollar amount credited to your account and the date the funds were sent.