

## Direct Deposit/Electronic Fund Transfer (EFT) Authorization Form For Reimbursement Accounts

Fax or Email Completed Form to:  
 Fax: 1-844-306-8146  
 Email: [PayFlex\\_Receipts@alegeus.com](mailto:PayFlex_Receipts@alegeus.com)



**WAIT! Did you know that you can enroll in direct deposit online?** Log in to your PayFlex member portal at [www.payflexwallet.com](http://www.payflexwallet.com) and from the **My Accounts** tab select **Reimbursement Preference**.

New Agreement       Change Account       Cancel Agreement

**Authorization:** By signing below, I hereby authorize PayFlex Systems USA, Inc. (PayFlex) to make electronic credit transactions to my financial institution listed below for reimbursement from my employer-sponsored reimbursement account. I authorize PayFlex to initiate debit entries, if necessary, for any credit entries made in error. I also authorize and request the bank listed below to accept any debit or credit entries by PayFlex to such account and to debit or credit same to such account. This authorization will remain in full force and effect until PayFlex has received written notification from me of its termination and in such time and in such manner as to afford a reasonable opportunity to act on it.

To cancel or change this authorization, complete and sign this form indicating the required action and return it to the address listed above. In case of errors or if you have questions about your electronic transactions, call us at 855-384-8249 or write us at the address listed below as soon as you can. If you think your bank statement is wrong or if you need more information about a transaction listed on your statement, we must hear from you no later than 60 calendar days after the FIRST bank statement on which the problem or error appeared.

**Select One:**

Checking Account       Savings Account

**Financial Institution**

<b>Name</b>		<b>Branch</b>	
<b>City</b>	<b>State</b>	<b>ZIP Code</b>	
<b>Transit/ABA Number (See example below)</b>		<b>Account Number</b>	

**Member Information**

<b>Employer Name</b>	
<b>Employee Name</b>	<b>Employee Social Security Number (Last 4 digits)</b>

This form must be completed and signed for it to be processed.

<b>Employee Signature</b> 	<b>Date</b>
-------------------------------	-------------

For checking account, attach a **voided check**. For a savings account, attach a **savings deposit slip**.

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____ \$ <input type="text"/>		
MEMO _____		X _____
⑆ 123456789 ⑆ 11484620040 ⑆ 3680		
Transit/ABA No.	Account No.	

**Mail this form to: PayFlex Systems USA, Inc., 13511 Label Lane, Ste 201, Hagerstown MD 21740**