



### DIRECT DEPOSIT AUTHORIZATION FOR FLEXIBLE SPENDING ACCOUNTS

This Request is:  NEW  
 CHANGE  
 CANCEL

Insured's Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

**By electing to have my reimbursements directly deposited into my bank account, I understand that:**

1. It is intended to be a more efficient way of receiving my reimbursement, but not always a quicker way.
2. Once OEA Choice Trust receives a completed and signed Authorization, it will take approximately 7 - 10 business days to set-up and activate my direct deposit. This timeline also applies to any change notice received.
3. The date on the Remittance Advice is not the date the funds are deposited. It may take an additional 3-4 days from the date on the Remittance Advice for a deposit to record in my account.
4. I am responsible for verifying that funds are available in my bank account prior to accessing the funds. OEA Choice Trust will not be responsible for Non-Sufficient Funds (NSF) or Returned Check fees.

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Transit/ABA No: \_\_\_\_\_ Acct No: \_\_\_\_\_

Checking Acct:

-'|- 0000000000 -'|- 123456789 -'|- 9876

Savings Acct:

transit/ABA #	Account #	check #
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**For the checking account, a copy of a voided or cancelled check is required. For the savings account, notification from the bank of the correct account number is required.**

**I have read and understand the guidelines stated above. I hereby authorize OEA Choice Trust to initiate credit deposits to the bank account listed above. It is my responsibility to notify OEA Choice Trust of any changes relating to my account. I may cancel the Direct deposit option at any time.**

\_\_\_\_\_  
*Insured's Signature*

\_\_\_\_\_  
*Date Signed*

