

## Flexible Spending Account Reimbursement Direct Deposit Form

Name (Last, First, MI)		<b>Social Security Number</b>		
Mailing Address	City		State	ZIP Code
Please use account information below to set u	ın direct denosi	t for my Flexible Sr	pendina	Plan
(attach a voided check or copy of a check to this form)				
Name of bank :				
9-digit bank routing number:				
Account number:				
checking account or savings account				
Employee signature		Date		
You may return the completed form to Flexible Ma	de Easy by mail	, fax or email.		
Mailing address: 4551 W. 107th Street, Suite 310				
Overland Park, KS 66207				
Fax number: 866-686-3539				
Email: info@flexmadeeasy.com				