

MAIL TO:  
PayFlex Systems USA, Inc.  
Flex Dept.  
P.O. Box 3039  
Omaha, NE 68103-3039  
Toll-Free (866) 887-3539



UT FLEX  
DIRECT DEPOSIT  
AUTHORIZATION  
FORM



FAX TO:  
PayFlex Systems USA, Inc.  
Flex Dept.  
Toll-Free (877) 230-4283  
(No Cover Page Required)  
Page 1 of \_\_\_\_\_

New Agreement       Change Account       Cancel Agreement

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I hereby authorize PayFlex Systems USA, Inc. (PayFlex) to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until PayFlex has received written notification from me of its termination in such time and in such manner as to afford PayFlex and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement account plan.

*Select One:*       Checking Account       Savings Account

Financial Institution:

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings accounts

Form will not be processed without information below.

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.