

*Direct Deposit of Flexible Spending Account Claims
Employee Authorization Form*

As a Flexible Spending Account participant, you can have the convenience of reimbursements being automatically deposited into your checking account. To take advantage of this "direct deposit" feature, please complete this form and return it to the Employee Benefits Service Center along with a voided personal check at any time during the FSA plan year. If you do not wish to have your reimbursements deposited directly into your checking account, then standard paper checks will be mailed to your home address as eligible claims are processed.

Employee Name: _____

Company Name: _____

SSN (Last Four Digits Only): XXX - XX -

Address: _____

City: _____ State: _____ Zip: _____

Name of Bank/Credit Union: _____

Checking Account Number: _____

Attach a voided check in this space.
Copies of deposit slips ***are not*** accepted.
Allow 2-4 weeks for processing.

My signature below authorizes Parente HR Services to directly deposit my Flexible Spending Account claim funds into the above checking account. I further authorize the Bank to accept and credit any entries initiated by Parente HR Services to my account in the event that a credit is deposited in my account in error. The amount debited from the account will not exceed the original credit. I understand this authorization is to remain in effect until Parente HR Services and/or the bank has received written notice from me of its termination.

Signature: _____

Date: _____

Return to: Parente HR Services • 1200 Abington Executive Park • Clarks Summit, PA 18411

or

Fax to: 1-866-406-0946

PLEASE NOTE: If you currently receive reimbursement via direct deposit, you do not need to re-enroll.