

FLEX SPENDING ACCOUNT (FSA) EMPLOYEE DIRECT DEPOSIT FORM

To All FSA Participants:

In effort to better serve you, we offer a Direct Deposit reimbursement option. For your convenience, we will deposit all FSA reimbursements directly into your bank account. Please complete this form, attach a voided check, and send to the address below. You may also fax your request, along with a copy of your voided check.

Via Mail or **Via Fax** or **Via Email**
Benefit & Risk Management Services **866-410-0880** **brms-fsa@brmsonline.com**
Attn: Flex Spending Accounts
PO Box 1697
Folsom, CA 95763

Please type or print all information

Check one of the following:

- New Account
 Change Account
 Terminate Direct Deposit (Stop Here and Sign Below)

COMPANY/CLIENT NAME			
EMPLOYEE NAME			
SOCIAL SECURITY NUMBER		PHONE NUMBER ()	
STREET ADDRESS	CITY	STATE	ZIP

I authorize Benefit & Risk Management Services to initiate credit entries and, if necessary, debit entries to correct errors in the following bank account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. Law.

Please deposit my FSA reimbursements into the following bank account:

- Checking or Savings

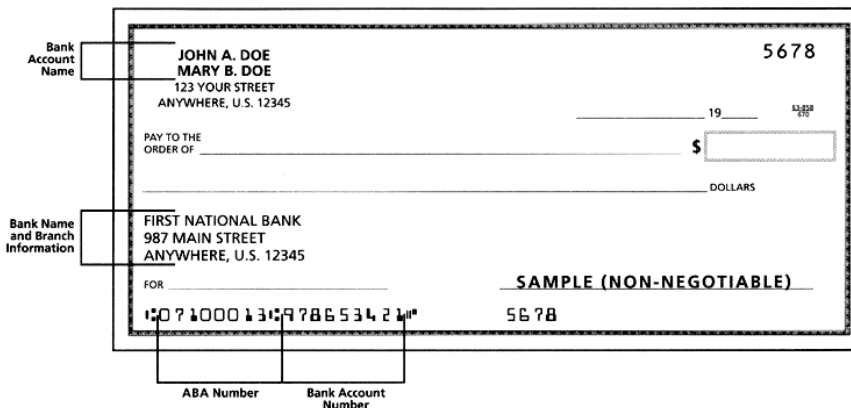
ABA/Routing Number* _____ Account Number _____

Name of Bank _____ Bank Phone Number _____

** Please include a voided check below or attach a letter from your bank stating the routing number*

I understand that this authorization replaces any previous authorization and will remain in full force until BRMS has received written notice of termination. Termination notices can take up to five (5) days to process.

Employee Signature	Date
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Bank Account Name points to: JOHN A. DOE, MARY B. DOE, 123 YOUR STREET, ANYWHERE, U.S. 12345, 5678
Bank Name and Branch Information points to: FIRST NATIONAL BANK, 987 MAIN STREET, ANYWHERE, U.S. 12345
ABA Number points to: 12071000131978653421
Bank Account Number points to: 5678