

**FLEXIBLE SPENDING ACCOUNTS DIRECT DEPOSIT AUTHORIZATION**

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

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please select one:  Begin Direct Deposit  Change Bank Information  Cancel Direct Deposit

**BANK INFORMATION**

Account Number: \_\_\_\_\_ Type (check one):  Checking  Savings

Financial Institution: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Financial Institution Routing Number (available through your bank):

***A voided CHECK must be attached if the account is a checking account.***

**I ACKNOWLEDGE THE FOLLOWING:**

1. My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.
2. I permit McGregor & Associates, Inc. to initiate electronic card entries, and if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and/or debit the same to such account.
3. Direct deposit of my flexible spending account reimbursements shall commence within 4 (four) weeks of receipt of this form.
4. My direct deposit may be terminated by: a written cancellation request submitted by me at least 7 days prior to the next scheduled deposit date, a failed bank transmittal due to incorrect bank information, or cancellation of direct deposit services by my employer.

**I hereby understand the information on this form and authorize McGregor & Associates, Inc. to complete my request as indicated:**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail or Fax To:**

McGregor & Associates, Inc.  
 997 Governors Lane, Suite 175  
 Lexington, KY 40513  
 Phone: (859) 233-4377  
 Toll Free: (866) 233-4377  
 Fax: (859) 255-2999