

FSA AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Please complete, sign and return this form to the address noted below. Allow 14 business days to establish the direct deposit.

SECTION I. EMPLOYEE INFORMATION			
Full Name	Social Security No.		
Street Address	City	State	Zip
Daytime Phone No.	Email address		
SECTION II: FINANCIAL INSTITUTION INFORMATION			
Account Holder Name			
Account Holder Address			
(if same as Employee, mark Same) Street Account Holder Signature	City	State	Zip
Financial Institution			
Please check one of the following for direct deposit:			
Routing/ABA number Account number Account number			
Please attach a voided check from your account here. (Do not staple.)			
1001 PAY TO THE ORDER OF			
SECTION III. AUTHORIZATION AND SIGNATURE			
I authorize QualChoice to initiate credit entries to my account at the financial institution indicated above. This authority is to remain in full force and effect until QualChoice has received written notification from me of its termination in such time and such manner as to afford QualChoice and the financial institution a reasonable opportunity to act on it, or until the bank has sent me ten (10) days' written notice of the bank's termination of this agreement.			
In order to initiate direct deposit, I understand that I must sign this form and submit to QualChoice with a VOIDED check attached.			
Employee Signature	Date Signed		
X			

MAIL or FAX with VOIDED CHECK

