Direct Deposit Authorization

Flexible Spending Account

Please attach a void check or Savings Account Direct Deposit Form here.

Instructions

This form should be completed by Flexible Spending Account Participants upon initial enrollment of the benefit and need not be resubmitted each new plan period. You should remit this form if you have new or updated banking Information to provide.

- Please print all information legibly.
- Attach a void check if you designate a checking account. Do not submit a deposit slip. If you designate a savings account attach a completed Savings Account Direct Deposit Form from your financial institution.
- Please sign and date the form. Omission of signature will delay processing.
- Mail completed form to the address indicated at the bottom of the page.
- Notify Ceridian immediately of any account changes or account closings.

Direct Deposit authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. Eligible claims submitted during the 10-day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account two to four days after the scheduled reimbursement date. You will receive a Reimbursement Statement through the mail. Always verify your statement to make sure it is not a negotiable check.

Participant Information

First Name_____ Last Name_____

Account ID or SSN | | | | | | | | | | | Daytime Telephone (_____) _____

Employer Name United States Enrichment Corporation Client Code L02708

Bank Information

Check only one:

- ☐ Set up Direct Deposit:
  - ☐ Checking (please attach void check above)
  - ☐ Savings (please attach a Savings Account Direct Deposit Form from your financial institution
- ☐ Change Account Information
- ☐ Cancel Direct Deposit

Full Bank Name _____ Telephone (_____)_____

Bank Routing Number (9-digit number on lower left of check) | | | | | | | | | |

Bank Account Number (to 17-digits) | | | | | | | | | | | | | | | | |

Important

- The designated account must be in your name.
- Processing of your Direct Deposit information will be delayed if you do not include both the bank account number and the bank routing number. Contact your bank if you are unsure of your bank account information.

Authorization

I hereby authorize Ceridian to initiate credit entries for depositing my Flexible Spending Account reimbursements into my account designated above and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until Ceridian has received written notification from me of its termination in such time and in such manner as to afford Ceridian a reasonable opportunity to act on it.

Signature_____ Date_____

Please return completed form to Ceridian via fax at 866-377-4261.

You may also mail to: Ceridian, P.O. Box 534200, St. Petersburg, FL 33747.

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