

Flexible Spending Account  
Direct Deposit Authorization



Please Return Form To:  
M.A. Services  
PO Box 587  
Pittsford, NY 14534  
800.836.8100  
FAX: 585.424.2910

- New Authorization
- Change Account
- Cancel Authorization

Instructions:

Please designate ONE account for the direct deposit of your flexible benefit reimbursements. You MUST include a voided check if electing a checking account OR a savings deposit slip for a savings account.

Please provide the below information, as well.

| EMPLOYEE INFORMATION  |                                |
|---|--------------------------------|
| Employer:   |                                |
| Employee Name:  | Employee SSN:<br>XXX-XX- _____ |
| Email Address: (Deposit Notifications will be sent via email) |                                |

| ACCOUNT INFORMATION  |   |
|--|---|
| Financial Institution:                                       | Account Type:<br><input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Branch:  | Bank Contact:   |
| Routing/Transit Number: (When in doubt check with your Bank) | Account Number:   |

| EMPLOYEE AUTHORIZATION   |             |
|--|-------------|
| I hereby authorize M.A. Services to initiate credit entries and, if necessary, debit entries to reverse erroneous credits, to my account indicated above. This authorization shall remain in full force and effect until M.A. Services has received written notification from me of its termination in a timely manner as to afford M.A. Services and the financial institution a reasonable opportunity to act upon it OR until I no longer participate in flexible benefits plan for a period of 6 months. |             |
| Employee Signature: _____  | Date: _____ |

Please attach a voided check or savings deposit slip.

IMPORTANT:

Please notify us immediately if you close an existing account.

Failure to notify us will delay the processing of your reimbursement and result in charges to you for a new set-up.