



*Flexible Spending Account
Direct Deposit
Enrollment Form for FSA Claims*

Use this form to enroll in the Direct Deposit service for your Flexible Spending Account (FSA). With Direct Deposit, your FSA reimbursements will be deposited electronically into your bank account rather than sent to you as paper checks. Use this form if you are enrolling for the first time in Direct Deposit or if you are changing the account that will receive your reimbursements.

Instructions:

- Complete the Required Information section.
- Complete the Direct Deposit Information section.
- Sign and date the bottom of the form.**
- Make a copy of this form and retain for your records.
- Return this form and supporting documentation to:

Fax 585-389-7003

Mail Paychex, Inc.
Attn: FSA Claims
1175 John Street
West Henrietta, NY 14586

Required Information	
<i>PLEASE PRINT</i>	
Name _____	
Social Security No. (last 4 digits) _____	
Address _____ _____	
E-mail Address _____	
Employer Name _____	
<input type="checkbox"/> New Account	<input type="checkbox"/> Change Account

Direct Deposit Information
<p>I authorize my employer to deposit my FSA reimbursements to the following bank account (select one):</p> <p><input type="checkbox"/> Checking Account Number _____</p> <p><input type="checkbox"/> Savings Account Number _____</p> <p><input type="checkbox"/> Chase Pay Card <i>Plus</i> Account Number _____</p> <p>Attach one of the following (select one) and indicate the name of the bank.</p> <p><input type="checkbox"/> Voided check (deposit slips are not accepted) <input type="checkbox"/> Bank letter or specification sheet <i>(See your local bank representative.)</i></p> <p>Bank Name _____</p> <p style="text-align: center; margin-top: 50px;">Attach a voided check here.</p> <p>IMPORTANT: A voided check, bank letter, or specification sheet must be attached. The card carrier (C-6105) must be attached for the Chase Pay Card <i>Plus</i>.</p>

Authorization
<div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%;"></div> <div style="display: flex; justify-content: space-between;"> SIGNATURE Date ____/____/____ </div>

Paychex Use Only
Entered by _____
Approved by _____
Date ____/____/____
Client BIS ID _____

For questions about completing this form, call Paychex Employee Services at 877-244-1771.