

**Keystone Flex Administrators, LLC**  
**Flexible Spending Account Direct Deposit Authorization**

I hereby authorize Keystone Flex Administrators, LLC to initiate credit entries for depositing my flexible spending account reimbursements into my account (designated below). It is understood that a Direct Deposit could take up to 5 days to complete and I have been instructed to contact my financial institution to insure that funds have been deposited prior to accessing them.

**Note: Direct Deposit Setup requires the bank account and ACH numbers be verified for accuracy before any funds are transferred. For this reason, you may receive one or two flexible spending account reimbursement checks that need to be cashed.**

Group Name \_\_\_\_\_

Employee Name \_\_\_\_\_

(please print or type)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone Number: Home(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

1. Type of action requested: Setup \_\_\_\_\_ Change \_\_\_\_\_ Cancel \_\_\_\_\_

2. Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

3. Bank Name \_\_\_\_\_ Phone#(\_\_\_\_) \_\_\_\_\_

Bank Routing (ACH) Number\* \_\_\_\_\_

Bank Account Number\* \_\_\_\_\_

**\*A VOIDED check must be attached if you designate a checking account. Deposit slips are NOT acceptable. If you designate a savings account, contact your financial institution for these numbers.**

This authority is to remain in full force and effect until Keystone Flex Administrators, LLC has received written notification from me of its termination in such time and in such manner as to afford Keystone Flex Administrators, LLC a reasonable opportunity to act on it.

Employee

Signature \_\_\_\_\_ Date \_\_\_\_\_

Keystone Flex Administrators, LLC

P.O. Box 5502

Edmond, OK 73083

Phone- 405-285-1144 (Toll Free #1-866-680-8308)

Fax- 405-285-1763 (Toll Free Fax #1-855-259-1779)