FBMC
FLEXIBLE SPENDING ACCOUNT and PARKING REIMBURSEMENT
DIRECT DEPOSIT AUTHORIZATION FORM

Before completing this form, read the back and make sure you understand the terms and conditions of the agreement. Fill in the boxes below and sign the form. Fax the completed form to: **850-514-5806** or Mail to: Fringe Benefits Management Company. **ATTN:** Enrollment Processing, P.O. Box 1878, Tallahassee, FL 32302-1878.

Last Name

First Name

MI

❍ Employee ID Number **or** ❍ FBMC ID Number **or** ❍ Social Security Number (✓one)

Work Phone

Action

New Change Cancel

Effective Date

Month Day Year

EMPLOYER/CLIENT

Name of Financial Institution

Account Number

(Include hyphens but omit spaces and special symbols.)

Type of Account

Checking Savings

Routing Transit Number

(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)

Ownership of Account

Self Joint Other

I certify that I have read and understand the back of this form. By signing this agreement, I authorize Fringe Benefits Management Company (FBMC) to initiate credit entries to the account indicated above for the purpose of reimbursements from my flexible spending account(s). I also authorize FBMC to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

HOW TO COMPLETE THIS FORM

1. Read the back of the form completely.
2. Fill in all boxes above.
3. Sign and date the form.
4. If the account is not in your name alone, have the other account holder sign also.
5. Fax or Mail the form to the number and address listed above.

TIP **Call your financial institution to make sure they will accept direct deposits.**

TIP **Verify your account number and routing transit number with your financial institution**

TIP **Do not use a deposit slip to verify the routing number.**

JOHN PUBLIC
123 Main Street
Your Town, FL 12345

1234

20

PAY TO THE ORDER OF $

Your Town Bank DOLLARS
Your Town, FL 12345

For

Routing Transit Number

Account Number

⑆250000005⑆ 1234556789022⑈

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.

TERMS AND CONDITIONS FOR PARTICIPATING IN FLEXIBLE SPENDING ACCOUNT DIRECT DEPOSIT

If you are participating in a flexible spending account (FSA), you have the option of having your authorized reimbursements deposited directly into your account at your financial institution rather than receiving the payment by mail. The following are the terms and conditions for participating in the Direct Deposit program. You do not have to participate in the FSA direct deposit program in order to have an FSA.

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the FSA Direct Deposit program.

2. You must complete this authorization form to enroll in the FSA Direct Deposit program. A signed and dated form is required for processing. If you have a joint account, the form must be signed by both parties. Once your form is received by Fringe Benefits Management Company (FBMC), there may be up to a 4 week administrative processing period before the enrollment will become effective. You will receive checks for any reimbursement claims paid during this period. FBMC will mail you a direct deposit receipt and a new claim form each time an electronic transfer is made to your account.

3. You may also verify your direct deposit has been transmitted by calling the Interactive Benefits telephone 1-800-865-FBMC. The standard turnaround time for deposit into your account is 48 hours from the time FBMC transmits the entries. You should verify that the deposit has been made to your account before withdrawing funds.-

4. If an electronic transfer is returned to FBMC or for any reason cannot be made to your account, FBMC will investigate the cause and if necessary, will issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail. Reinstatement in the FSA direct deposit program will be determined on a case–by– case basis, and you will be notified of any action taken.

5. It is your responsibility to notify FBMC immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action is a CHANGE, and specify the new account information. There may be up to a 4 week administrative processing period before the changes become effective. If there is an interruption in the FSA direct deposit service, you will receive checks for any reimbursement claims paid during that time.

6. You may cancel your participation in the FSA direct deposit program at any time by completing this form indicating the action is a CANCEL. The cancellation will take effect as of the date you indicate or as soon as the form is received and processed by FBMC, whichever is later.

7. This agreement may also be canceled by your financial institution or FBMC. FBMC reserves the right to automatically cancel your participation in the FSA direct deposit program upon termination of employment or termination of your flexible spending account(s).

8. If you re–enroll in a flexible spending account, your participation in the FSA direct deposit program along with the terms and conditions of this agreement will remain in effect from one plan year to the next until you cancel.

If you have any questions regarding this form, the FSA direct deposit program or any electronic transfers to your account, call FBMC Customer Care.