

FLEXIBLE BENEFITS PLAN CHANGE IN DATA FORM

Complete Section A and/or B, as necessary:

A. CHANGE IN PERSONAL DATA

Use this section if you move your principal residence, change your mailing address, or officially change your name. You can also change your personal data online @ www.flexchecks.com.

Company Name: _____

Employee Name: _____ SS#: _____

Address: _____

New Address Change In Name

Change name to: _____

Change address to: _____

Employee Signature: _____ Date ___/___/___

B. DIRECT DEPOSIT AUTHORIZATION

Use this section to add or change a direct deposit account for your flex reimbursements. You can also make changes online @ www.flexchecks.com.

You may only choose **one** account to have funds deposited into. This may be a checking or a savings account. Please indicate the type of account below:

Checking Savings

Employee name (please print): _____ SS # _____ - _____ - _____

Bank Name: _____

Routing Number: _____ Account Number: _____

I hereby authorize my employer, _____, (hereinafter "COMPANY") and its flexible benefit administrator, FlexChecks, Inc., to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "BANK") indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY or FlexChecks, Inc. to my account. In the event that COMPANY or FlexChecks, Inc. deposits funds erroneously into my account, I authorize COMPANY or FlexChecks, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such manner as to afford COMPANY and BANK reasonable opportunity to act on it.

Employee Signature: _____ Date ___/___/___