

Flexible Spending Direct Deposit Enrollment



Human Capital offers Direct Deposit for Flexible Spending Accounts (FSA): This service will expedite your reimbursement process. If you wish to enroll in this service, please fill-out the form below and either email or fax to:

Email Forms To:
benefits@human-capital.com

OR

Fax Forms To:
Human Capital
Attn: Flexible Spending Department
Fax: 248.204.0722

EMPLOYEE INFORMATION (please complete for all enrollments/changes)

Subscriber Name (Last):	(First):	(M.I.):
Social Security:	Birthdate:	Phone:
Address:		
City:	State:	Zip Code:

BANK INFORMATION:

Bank Name:	Account Type:	Checking	Savings
Bank Routing Number:	Bank Account Number:		

CURRENT PAYROLL DIRECT DEPOSIT – You will still need to list account number in the designated area above.

- › **NOTICE:** This form is to be used for Flexible Spending Direct Deposits, only. Do not use this form for Payroll Direct Deposits.
- › You may choose only one account and the entire reimbursement amount will then be deposited into this account.

If the account listed above is a current account that you are using for Direct Deposit for Payroll, please check the box above to note this to avoid the pre-note process. If this is a new account, this will be sent through as a pre-note to verify account information – please allow 7–14 business days for pre-notes to process.

**YOU MUST ATTACH A DEPOSIT SLIP or VOIDED CHECK WITH FORM.*

I wish to have my employee deposit my flexible spending reimbursements directly to my account as indicated. I agree to notify my employer immediately of any changes to the information so that my reimbursement may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

Signature

Date

If you have questions, please contact the Flexible Spending Department at 888.736.9071

Internal Use Only:

Date Received:	Date Entered:
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