



Direct Deposit Information

Employee Information

Employee Name: _____ Social Security Number: _____

Home Telephone: _____ Alternate Telephone (work/cell): _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Name of Employer: CITY OF MILWAUKEE

Bank Account Information

Bank Name: _____

Bank Address: _____

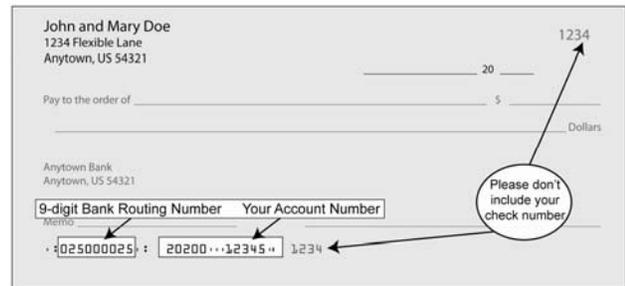
City: _____ State: _____ ZIP: _____

Name on the Account: _____

Routing and Transit Number: _____

Account Number: _____

Checking Account Savings Account



IMPORTANT: Please provide a voided check for each account listed above. We will not process without a voided check. Do not use a deposit slip as the number could be invalid.

Authorization

I authorize reimbursements from my Section 125 Health FSA, Dependent FSA, Individual Health Premium, or my Section 105 Health Reimbursement Arrangement to be sent to the financial institution named above to be deposited in the designated account.

In the event funds are deposited erroneously into my account, I authorize my Section 125/105 administrator to debit my account(s) not to exceed the original amount of the credit.

I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Signature: _____ Date: _____

Please fax, email, or mail completed form with a voided check to:

Toll Free Fax: 1.877.231.1287 • customer care@eflexgroup.com
eflexgroup.com • 2740 Ski Lane • Madison, WI 53713