



FLEXIBLE BENEFITS PLAN Direct Deposit Authorization

I am currently participating in the Flexible Benefits Plan, Health Care and/or the Dependent Care Spending Account(s) and would like my claim reimbursements to be deposited directly into my checking or savings account. I understand that this process will take up to 10 business days from the date ProcessWorks receives this form for this enrollment/change to become effective.

I hereby authorize ProcessWorks to credit my FSA reimbursements to my account as indicated on the **attached voided check for checking accounts or voided deposit slip for savings accounts**. I further authorize ProcessWorks to debit my account for any reimbursements credited to my account in error. Should I change my checking or savings account, I will complete a new Direct Deposit Authorization listing the new account information. I realize that if I fail to notify ProcessWorks of any bank account changes a service fee of \$10.00 will be charged for each returned direct deposit item. Returned items will be reissued as paper reimbursement checks within 10 business days after the item is returned and upon receipt of the \$10.00 service fee. This authorization is to remain in effect until ProcessWorks has received written notification by use of this form of my intention to cancel regardless of my plan participation from year to year.

Employer Name: _____

Employee Name: _____

Social Sec. #: _____ - _____ - _____

Bank Name: _____

Status:

Account Type:

- I am not currently enrolled in direct deposit and would like to enroll. Checking
- I am currently enrolled in direct deposit and I would like to change the account where my deposits are made. Savings
- I am currently enrolled in direct deposit and I would like to cancel my enrollment. None

ProcessWorks will notify me when direct deposits are made to my account. I have selected one of the following notification options:

- E-mail notice to me at this E-Mail address: _____
- Mail notice to my home address.*

*Not applicable if you subscribe to ProcessWorks eStatus claims and reimbursement e-mail notification service. Information about our convenient eStatus service can be found at www.myprocessworks.com/b2online/estatus.cfm. I also understand that it is my responsibility to notify ProcessWorks and my employer when I have a change in address.

Employee Signature: _____

Date: ____/____/____

ProcessWorks releases direct deposits to the financial institutions according to your employers scheduled reimbursement date(s). The financial institutions typically require two business days to process the direct deposits. ProcessWorks suggests contacting your financial institution to verify any direct deposits.

For account verification attach a voided check for checking account voided deposit slip for savings account



24 Hour Access:
(262) 827-7030
or
(888) 868-2492
www.myprocessworks.com

Return completed form to:
ProcessWorks, Inc.
P.O. Box 2490
Brookfield, WI 53008-2490
Fax: (262) 879-0720