

## ***DIRECT DEPOSIT AUTHORIZATION***

**Complete this form to have your Flexible Spending Account (FSA) reimbursements deposited directly into your checking or savings account.**

*(Note: please allow up to 7 days for the direct deposit to be operational. Reimbursement checks will continue to be sent until direct deposit is activated. After direct deposit has been activated, you will be sent an e-mail showing the date and amount that has been deposited into your account.)*

### ***General Information***

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ \*

*\*(Required for notification of the direct deposit.)*

### ***Bank Information***

Please choose one of the following:

Checking       Savings

Name of Banking Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_  
*(First set of digits at the bottom left on your check or deposit slip)*

Account Number: \_\_\_\_\_  
*(Next set of digits on your check or deposit slip)*

**Please attach a voided check for your checking account, or a deposit slip for your savings account here.**

***Return completed form to:***

**Arcadia Benefits Group, Inc.  
445 W. Michigan Ave., Ste. 102  
Kalamazoo, MI 49007  
(269) 744-3431 or (866) 329-4333 voice  
(269) 381-5844 fax**