



Please send this form to:
7 Grant Ave, Lakewood, NJ 08701
Fax: 877-747-8564
E-Mail: Claims@flexfacts.com

Direct Deposit Autoization

Personal Information

Full Name: _____
Last *First* *M.I.*

Employer: _____

Last four digits of Social Security Number: _____

Bank Name: _____

City, State, Zip: _____

Routing Number: _____

Account Number: _____

Type of Account (Checking or Savings): _____

Where to find the Routing and Account Number

The Routing Number is the nine digit number on the bottom left hand corner of your check.

The Account Number is located to the right of the Routing Number:

If you are unsure about where the Routing Number and Check Number are please attach a voided check.

Employee Certification

Employee Signature: _____

Date: _____

By signing above I authorize Flex Facts to initiate debits and/or credits to or from my bank account indicated above. Debits will only be initiated in order to correct a prior reimbursement error.

My authorization will remain in effect until I provide a written notification of the termination of this authorization or change my direct deposit information on-line. A reasonable amount of time will be provided for Flex Facts to apply any changes requested.