



**Please send this form to:**

1200 River Avenue, Suite 5C, Lakewood, NJ 08701

Fax: 877-747-8564

E-Mail: Claims@flexfacts.com

## Direct Deposit Authorization

### 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.