

Flexible Spending Account Direct Deposit Form

You have the option to receive your flexible spending account reimbursements by direct deposit instead of paper check.

Complete the form below and return it along with ONE of the required documents listed in the box below. Without this, HealthEZ will be unable to setup direct deposit for your account.

Subscriber ID (on your HealthEZ ID card)

First Name

Last Name

Home Address

Phone Number

Email

Please Attach To This Form Either:

A voided check for a checking account or
A deposit slip with your bank's routing number and your savings account
number

I hereby authorize Health EZ to electronically deposit my reimbursements for all flexible spending benefits to the bank account provided. I understand Health EZ does not control when funds will be made available by my bank. If a deposit is deemed ineligible after payment, I authorize Health EZ to withdraw those funds electronically from my account.

Employee Signature: _____

Date: _____

Return Completed form to HealthEZ: Email to service@healthez.com or Fax to #952-896-0372 Call 800-948-3253 with any questions.