



Direct Deposit Authorization Form



Flexible Spending Account/Health Reimbursement Account

<i>Employer/Company Name</i>		<i>Employee's SSN</i>
<i>Employee Last Name</i>	<i>Employee First Name</i>	

I hereby authorize Health Plans, Inc. (HPI) to deposit my Flexible Spending Account and/or Health Reimbursement Account claim payment owed to me by initiating a credit entry to my account at the financial institution (hereinafter "Bank") indicated below. Further, I authorize Bank to accept and to credit any credit entry initiated by HPI to my account. In the event that HPI deposits funds erroneously into my account, I authorize HPI to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until HPI and Bank have received written notice from me of its termination in such time and in such manner as to afford HPI and Bank reasonable opportunity to act on it.

Account Information

<i>Bank Name</i>		
<i>Bank Address</i>		
<i>Bank's Routing/Transit Number</i>		
<i>Employee's Bank Account Number</i>	<input type="checkbox"/> <i>Checking</i>	<input type="checkbox"/> <i>Savings</i>

Please attach a voided check from your account

Employee Signature (required)

Date

Print and submit this form to:

HPI
PO Box 161087
Altamonte Springs, FL 32716

Please retain a copy of this form and all related documentation for your records.

Questions? Give us a call at 866-549-5676