

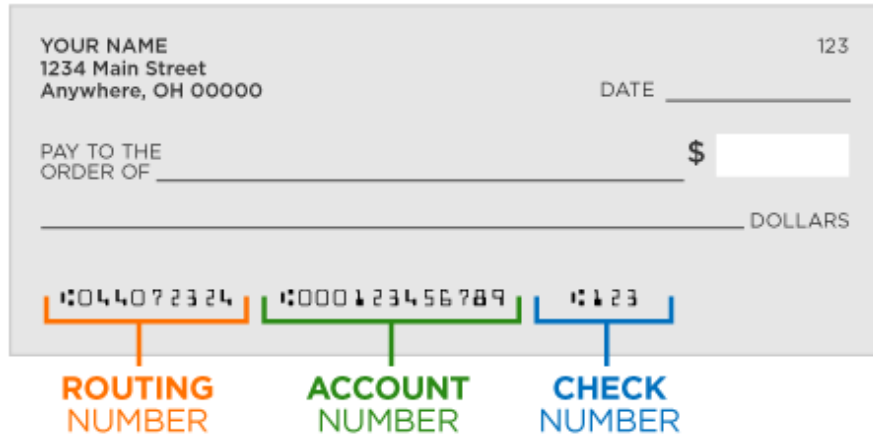
## Direct Deposit Authorization Form

Automatic Direct Deposit of your FSA reimbursements is a convenient feature that many employees take advantage of that will save time for handling reimbursement checks. If you decide to take advantage of Automatic Direct Deposit, your FSA checks will be deposited automatically in any checking or savings account you select.

By completing the Authorization Form below, you are directing your employer and your financial institution to deposit your reimbursements to your checking or savings account.

Direct Deposit Form	
Group Name	Group Number
Participant Name	Participant ID
Participant Mobile Phone Number	Participant Email Address
Financial Institution	Financial Institution Phone Number
Financial Institution Address	
Checking/Savings Account Routing # -9 Digits	Checking/Savings Account # -6-13 Digits
Account is a checking or savings account	<input type="radio"/> Savings <input type="radio"/> Checking

I hereby authorize my employer to deposit reimbursements from my Flexible Spending Account directly into my checking or savings account indicated above. I also authorize the financial institution names above to accept my deposits and to credit the amount to my account. This authority will remain in effect until my employer has received written cancellation notice from me in such time and such manner as to afford my employer a reasonable opportunity to act upon it.



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note:** Direct deposit will continue year to year. If you signed up last year, you do not need to sign up again unless your account information has changed.

Please fax completed form to SISCO at 563-587-5703, mail completed form to PO Box 389 Dubuque Iowa 52004, or email completed form to [sisconflex@siscobenefits.com](mailto:sisconflex@siscobenefits.com).