Direct Deposit Authorization Form

Employer: _____

Name: _____ Social Security #: _____

Address: _____

Email: _____ Phone Number: _____

I authorize 24HourFlex to initiate electronic deposits, and if necessary, withdrawal entries and adjustments for any entries in error to my account.

Account Number Information

ABA Transit Routing Number

This account is a:

☐ **Checking Account**: please attached a copy of a **voided check** for the above referenced account

☐ **Savings Account**: please attach a **deposit slip** for the above referenced account.

Attach Copy of Voided Check

These entries will be posted to the above account as part of my contract with 24HourFlex in conjunction with the administration of the cafeteria plan.

_____ _____

Employee's Signature Date

(Mail or fax this completed form to 24HourFlex)

2851 S Parker Road ♦ Suite 230 ♦ Aurora CO 80014

Fax: 303-369-8283 ♦ Phone: 303-369-7886