



**Flexible Spending Account
Direct Deposit
Enrollment Form for FSA Claims**

Use this form to enroll in the Direct Deposit service for your Flexible Spending Account (FSA). With Direct Deposit, your FSA reimbursements will be deposited electronically into your bank account rather than sent to you as paper checks. Use this form if you are enrolling for the first time in Direct Deposit or if you are changing the account that will receive your reimbursements. All direct deposits will be processed within three business days.

Instructions:

- Complete the Required Information section.
- Complete the Direct Deposit Information section.
- Sign and date the bottom of the form.**
- Make a copy of this form and retain for your records.
- Return this form and supporting documentation to:

Fax 585-389-7983

Mail Paychex, Inc.
Attn: FSA Claims
1175 John Street
West Henrietta, NY 14586

Required Information	
<i>PLEASE PRINT</i>	
Name	_____
Social Security No. (last 4 digits)	_____
Address	_____ _____
E-mail Address	_____
Employer Name	_____
<input type="checkbox"/> New Account	<input type="checkbox"/> Change Account

Direct Deposit Information

I authorize my employer to deposit my FSA reimbursements to the following bank account (select one):

- Checking Account Number _____
- Savings Account Number _____
- Chase Pay Card *Plus* Account Number _____

Attach one of the following (select one) and indicate the name of the bank.

- Voided check (deposit slips are not accepted)
- Bank letter or specification sheet
(See your local bank representative.)

Bank Name _____

Attach a voided check here.

IMPORTANT: A voided check, bank letter, or specification sheet must be attached. The card carrier (C-6105) must be attached for the Chase Pay Card *Plus*.

Authorization	
_____	Date ____/____/____
SIGNATURE	

Paychex Use Only
Entered by _____
Approved by _____
Date ____/____/____
Client BIS ID _____

For questions about completing this form, call Paychex Employee Services at 877-244-1771.