

FLEXIBLE SPENDING ACCOUNT

Direct Deposit Enrollment Form

To enroll in Direct Deposit for your Flexible Spending Account, complete the form below and return to Stanley Benefits. Attach a VOIDED check (a deposit slip is not acceptable) for the account into which the reimbursement will be deposited. All information must be supplied in order for the direct deposit to be established.



I hereby authorize Stanley Benefits to deposit any amounts submitted by eligible receipts for reimbursement from my Flexible Spending Account directly into the account designated on this form. Furthermore, I authorize my bank to accept and to credit any credit entries indicated by Stanley Benefits to my account.

This authorization is to remain in full force and effect until Stanley Benefits and the bank have received written notice from me and its termination in such time and in such manner as to afford Stanley Benefits and the bank responsible opportunity to act on such notices.

Employee Name: _____

Company Name: _____

Social Security Number: _____

Employee Signature: _____

Employee Email Address: _____
You will be notified by e-mail when a deposit is made to your account

Bank Name/City/State _____

Stanley Benefits ✦ P. O. Box 29329 ✦ Greensboro, NC 27429-9329

Toll-Free: (877) SBS-FLEX [877-727-3539]

Toll-Free: (877) 4FAX247 [877-432-9247]