

FLEXIBLE SPENDING DIRECT DEPOSIT AUTHORIZATION

We recommend you use direct deposit to have your reimbursements automatically put into your account at your bank or credit union. This will ensure that your money will be in your account sooner. Also, direct deposit provides extra safety—your checks cannot be stolen or lost in the mail.

PERSONAL INFORMATION (REQUIRED)

Payee name (print as it appears on the account): _____

DMBA ID number: _____ Social Security number: _____

Payee signature: _____ Date: _____

ACCOUNT INFORMATION

CHECK ONE:

- Send my reimbursement to my financial institution for direct deposit. I have completed the authorization.
- Mail my benefit payment to the address DMBA has on file.

TAPE YOUR VOIDED CHECK HERE

(DO NOT USE A DEPOSIT SLIP)

Institution name: _____

Institution routing number: _____

Account number: _____ Account type (check one): Checking Savings

Institution street address: _____

City: _____ State: _____ ZIP code: _____ Phone number: _____

I understand that I may end this agreement at any time by notifying DMBA in writing, allowing DMBA reasonable time to act upon my notification.

**Please return this completed form to DMBA at P.O. Box 45530, Salt Lake City, Utah 84145-0530, or fax it to 801-578-5933.
For questions, visit www.dmba.com or call us at 801-578-5600 or toll free at 800-777-3622.**