



**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
<p>I authorize my employer to deposit my FSA reimbursements to the following bank account (select one):</p> <p><input type="checkbox"/> Checking Account Number _____</p> <p><input type="checkbox"/> Savings Account Number _____</p> <p><input type="checkbox"/> Paycard Account Number _____</p> <p><b>Attach one of the following (select one) and indicate the name of the bank.</b></p> <p><input type="checkbox"/> Voided check (deposit slips are not accepted)      <input type="checkbox"/> Bank letter or specification sheet <i>(See your local bank representative.)</i></p> <p>Bank Name _____</p> <p style="text-align: center;"><b>Attach a voided check here.</b></p> <p><b>IMPORTANT:</b> A voided check, bank letter, or specification sheet must be attached.</p>

Authorization
<p>_____ Date ____/____/____</p> <p style="text-align: center;">SIGNATURE</p>

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.