



Office Use Only	
Date Processed:	/ /
Processed by:	Client #:

PrimeFlex—(877) 769-3539

Direct Deposit Form

Please complete this form and submit it to PrimeFlex.

Employee Information (Please print clearly) PLEASE CHECK HERE IF THIS IS AN ADDRESS CHANGE

Name: (Last, First, Middle)		SSN:	Date of birth:
Street:	City:	State:	Zip:
Employer:			Work #: ()
Email:			Home #: ()
Please Check One: <input type="checkbox"/> Set up a new Direct Deposit <input type="checkbox"/> Change Direct Deposit <input type="checkbox"/> Cancel Direct Deposit			Hire Date:

Please provide the bank information where you would like PrimeFlex to deposit your reimbursed funds.

Name of Bank:		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Routing Number:	Bank Account Number:		

A VOIDED CHECK for a checking account or BANK SLIP for a savings account must be provided before we can establish the direct deposit.

PLACE VOIDED CHECK OR BANK SLIP HERE

Send this form to PrimeFlex, in one of the following ways:

For HRA Participants

Fax 877.6FAX.HRA
 Email primeflexHRA@primepay.com
 Attn: PrimeFlex-HRA
 Mail 1487 Dunwoody Drive
 West Chester, PA 19380

For All Others

Fax 877.6FAX.FSA
 Email primeflex@primepay.com
 Attn: PrimeFlex-FSA
 Mail 1487 Dunwoody Drive
 West Chester, PA 19380

I hereby authorize PrimeFlex and its affiliates (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries into my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any such entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit. I understand I am responsible for confirming my reimbursement has been properly deposited and for keeping my account information up to date. No transactions will be initiated against those funds until this confirmation has been made. Any NSF or other charges that occur because I have failed to abide by this will be my responsibility.

Employee Signature: _____

Date: ____/____/____