

FSA/HRA Account Direct Deposit Authorization

EMPLOYEE INFORMATION		
Social Security Number (last 4 digits)	Name (Last, First, M.I.)	Company Name
Would you like to receive your payment information electronically? (If yes, please include e-mail address) <input type="checkbox"/> Yes E-mail Address _____ <input type="checkbox"/> No	Type of Transaction (Check only one) <input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel	

ACCOUNT INFORMATION		
Bank Transit Routing Number (9 digit number)	Bank Account Number	Account Type (Please check one box) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

EMPLOYEE AUTHORIZATION

I hereby authorize CORESOURCE to initiate deposits to my account shown above. This authorization will remain in effect until revoked in writing from me or until my participation in the Flexible Spending Account has terminated.

Employee's Signature	Date
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Attach a voided check for checking account

Please complete and return to
 CORESOURCE
 P.O. Box 25946
 Overland Park, KS 66225

Or fax to the following number:
 (866)514-8287

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

