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FLEXIBLE SPENDING DIRECT DEPOSIT AUTHORIZATION

Employee name: _____ DMBA ID number: _____

I hereby authorize DMBA to send my Flexible Spending reimbursement to the financial institution indicated below for direct deposit into my account. This authorization will remain in effect for as long as I am enrolled in Flexible Spending or until I file a new authorization form.

Employee signature: _____ Date: _____

CHECK ONE OF THE FOLLOWING:

- Please deposit my reimbursement to the account shown below.
- Please change the financial institution and/or account number to which my reimbursement is deposited.
- Please stop my participation in direct deposit.

FINANCIAL INSTITUTION INFORMATION:

Account holder name (print as it appears on account): _____

Account type (check one): Checking Savings

Institution name: _____

Institution address: _____

Institution telephone number: _____

Bank routing number: _____

Bank account number: _____

**For checking accounts only:
Please attach a voided check here.**