

**COUNTY OF SACRAMENTO
DIRECT DEPOSIT AUTHORIZATION FORM**

Employee Information

Last Name	First Name	Personnel Number
Address	City	State Zip
<input type="checkbox"/> Address Change		
Email	DOB (MM-DD-YYYY)	

Rules & Instructions

- Attach a copy of a voided check to this form.
- All direct deposits will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account.
- The first reimbursement will be in the form of a check to verify your banking information.
- Returned items due to incorrect banking information are assessed a \$10.00 fee.

<p align="center">Direct Deposit Reimbursements are electronically deposited into your bank account</p>	<input type="checkbox"/> Checking (23) Routing # _____ <input type="checkbox"/> Savings (33) Account # _____
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This authority will remain in full force and effect until Flex-Plan Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford Flex-Plan Services, Inc. and the banking institution a reasonable opportunity to act on it.

YES, I authorize Flex-Plan Services, Inc. to electronically deposit funds into the above specified bank account.

X _____
Employee Signature

Date

Fax completed form and documentation to:
FAX: toll-free (866) 535-9227

OR

Mail forms and documentation to:
Flex-Plan Services, Inc.
PO Box 70366 Bellevue, WA 98007

Customer Service Line: (800) 669-FLEX Visit our Web site at www.flex-plan.com