



### Direct Deposit Authorization Agreement

You can have your Flexible Spending Account claim reimbursements deposited directly into your bank account. Please complete the information below to setup direct deposit.

Bank Name \_\_\_\_\_

Transit (ABA) No. \_\_\_\_\_ Account No. \_\_\_\_\_

Please indicate type of account (circle one)      CHECKING      SAVINGS

*If this is a new account, it must be established and active at your bank before you request direct deposit into that account. I understand it is my responsibility to advise IMS of any change in the bank account that I authorize direct deposit of my FSA funds and I cannot hold IMS liable for misdirected funds.*

#### PLEASE ATTACH

- 1) VOIDED CHECK FOR CHECKING ACCOUNT (DEPOSIT SLIP NOT ALLOWED FOR CHECKING ACCOUNTS) OR
- 2) DEPOSIT SLIP FOR SAVINGS ACCOUNT

[Attach a void check or savings deposit slip here]

**I authorize Interactive Medical Systems and the bank listed above to deposit my Section 125 claim reimbursements directly into my account listed above.**

**If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize Interactive Medical Systems to direct the bank to return said funds to Interactive Medical Systems.**

**I understand that my deposit may not be credited to my account for up to two business days after the transaction has been sent to the bank for processing.**

Employer Name \_\_\_\_\_ Group # \_\_\_\_\_

Employee Name \_\_\_\_\_ SSN# \_\_\_\_\_  
(Please Print)

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that this authorization will remain in effect unless I advise Interactive Medical Systems that I have revoked it.

**Please fax this completed form to Interactive Medical Systems at (919) 562-0021  
Mail to: Interactive Medical Systems, Attn: Flex Dept., PO Box 1349, Wake Forest, NC 27588.**