

Section 125 Flexible Spending Account (FSA)

Account Authorization for Direct Deposit

Your health care and dependent care expense reimbursements may be deposited directly into your account or joint account with your spouse at your bank or other financial institution. To sign up, please complete this form, and return it to the address listed at the bottom.

Your Employer:	
EMPLOYEE INFORMATION:	
Name:	Social Security Number:
Street Address:	
City, State Zip:	
E-mail Address:	Phone Number:
AUTHORIZATION:	
I authorize MidAmerica Administrative & Retirement Solutions, Inc. to deposit my health care and/or dependent care expense reimbursements directly into my account until I give further written notice to MidAmerica. I understand that it may take up to 72 hours from the time MidAmerica processes my payment for the funds to post to my designated bank account.	
Your signature Date	
Bank Account Information	
Bank Name:	Bank Telephone Number:
Bank Address:	
Account Type: (check one) Checking (Attach voided check)	Savings (Attach voided deposit slip)
Transit Routing Number Accoun	t Number
Type of transaction (check one):	
New request for Direct Deposit	
☐ Change current Direct Deposit information	
Cancel Direct Deposit	

Submit completed form and attachments to:
MidAmerica Administrative & Retirement Solutions, Inc.
Dept. 125 Admin
211 East Main Street, Suite 100
Lakeland, FL 33801