

Section 125 Flexible Spending Account (FSA)

Account Authorization for Direct Deposit

EMPLOYEE INFORMATION

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 financial institution. To sign up, please complete this form, and return it to the address listed at the bottom of this form.

Please Print.	
Employer Name:	
Employee Name:	Social Security #:
Address:	
City, State, Zip:	Daytime Phone Number: ()
Email Address:	

BANKING INFORMATION

Bank Name: Bank Telephone Number:	
Bank Address:	
Account Type: (check one) Checking (attach voided check) Savings (attach bank verification letter)	
Transit Routing Number Account Number	
Type of Transaction (check one):	
New request for Direct Deposit Change current Direct Deposit information Cancel Direct Deposit	
AUTHORIZATION	
I authorize MidAmerica Administrative & Retirement Solutions 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. Also, I grant MidAmerica the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.	
Your Signature Date	

Submit completed form and attachments to:

MidAmerica Administrative & Retirement Solutions Dept. 125 Admin P.O. Box 24927 Lakeland, FL 33802 855.329.0095 Fax 863.577.4460