



Return Form to:
Independent Health Corporation
Attn: FSA Administration
511 Farber Lakes Drive
Buffalo, NY 14221

Authorization Agreement For FSA Direct Deposit

Please complete the following information below to set-up direct deposit of manual claim reimbursements into your personal checking/savings account.

Section 1 - Employee Information

Employee Name: Social Security No.:

Employer:

Section 2 - Account Status

New Agreement

Change in Account

Cancel Account

Allow 10 business days for processing of this authorization

Section 3 - Banking Information

Account Type: Checking Savings

Bank Name:

City: State: ZIP:

Transit / ABA Number: Banking Account No.:

Attach a voided check here for Checking Accounts

Or

Attach a Deposit Slip for Savings Accounts

I hereby authorize Independent Health Corporation to initiate credit entries and if necessary, debit entries and adjustments for any entries made in error to my account as indicated. This authorization will remain in effect until Independent Health Corporation has received written notification from me of its termination in such a manner as to allow Independent Health Corporation reasonable opportunity to act upon it. If I change any account, I will complete a new Authorization Agreement for Direct Deposit listing the new account information. I understand this authorization is for reimbursement for my Flexible Benefits, Health Reimbursement Plan and/or Transportation Benefit Plan. I understand that my deposits may not be credited to my account for up to two business days after the transaction has been sent to the bank for processing.

Employee Signature (Required)

Date