

DIRECT DEPOSIT FORM

I hereby authorize **Verde Valley Employee Benefit Pool** to automatically deposit my flexible spending account reimbursements to my bank account. This includes my authorization to reverse any entries made in error. I understand that direct deposit can only be done for checking accounts and not savings accounts. ****This agreement will remain in effect until I give written notice to cancel it.***

Employee Name: _____

Employee Social Security Number: _____

Signature: _____

Date: _____

**PLEASE ATTACH A VOIDED CHECK.
WE CANNOT PROCESS YOUR REQUEST WITHOUT IT.**

Please Note: A 30-day written notice is required in order to cancel direct deposit.

Please Note: *Your first flex claim will be sent to you by check. Any following flex claims will be by direct deposit. When your flex claim is directly deposited into your account, you will receive an EOB in the mail stating the dollar amount credited to your account and the date the funds were sent.*

Attach a cancelled check here.