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www.proviewbenefits.com/login/

INSTRUCTIONS:

- Complete **ALL SECTIONS** of this form to ensure timely payment.
- You may send this completed form via any one of the following options: fax, e-mail, postal mail.
- You can also authorize direct deposit of your reimbursements through logging into your Flexible Spending Account at www.proviewbenefits.com/login/.
- PLEASE CHECK ONE:

SET UP DIRECT DEPOSIT TERMINATE DIRECT DEPOSIT CHANGE DIRECT DEPOSIT ACCOUNT

NOTE: Direct Deposit is only available if your employer allows this in the administration of your plan.

PART A: YOUR INFORMATION

EMPLOYER NAME			
EMPLOYEE NAME (First, Middle, Last)			SOCIAL SECURITY NUMBER (optional)
STREET ADDRESS		CITY	STATE ZIP
<input type="checkbox"/> NEW ADDRESS			
DAYTIME PHONE NUMBER (with area code) () -	EVENING PHONE NUMBER (with area code) () -	E-MAIL ADDRESS	

PART B: DIRECT DEPOSIT REIMBURSEMENT AUTHORIZATION AGREEMENT

BANK ACCOUNT INFORMATION (select one)		
<input type="checkbox"/> CHECKING ACCOUNT – You must attach a voided check with your pre-printed account information.		
<input type="checkbox"/> SAVINGS ACCOUNT – You must attach a voided deposit slip with your pre-printed account information.		
BANK NAME	ACCOUNT NUMBER	TRANSIT ABA ROUTING NUMBER

NOTE: Direct deposit of reimbursement funds can take up to three (3) business days from claim reimbursement date.

READ CAREFULLY:

AUTHORIZATION

I hereby authorize ProView to deposit my Flexible Spending Account claim reimbursements into the bank account I indicated above, and, if necessary, withdraw amounts from the account in order to make adjustments for erroneous amount(s) deposited. This authorization is in effect until I terminate through written notice or via ProView's Online Service Center by logging into my Flexible Spending Account at www.proviewbenefits.com/login/.

I understand that it can take up to two (2) reimbursement cycles before direct deposit of my reimbursement can take effect; and that reimbursements deposited directly to my account can take up to three (3) business days from processing date before funds are made available in the account I indicated above.

I certify that I have attached a voided check or savings deposit with pre-printed account information to this authorization form.

Participant Signature

Date