



Automatic Deposit Authorization Agreement (ACH Credits)

By completing this document, you authorize CONEXIS to credit your bank account for the dollar amount of eligible and verified claims submitted against your Flexible Spending Account (FSA).

Employer Name

Employee Last Name

Employee Social Security Number

Employee First Name

E-mail Address

Banking Information

New Account Set-up Change Existing Account Cancel

Type of Account: Checking Account Savings Account

Depository Name

Branch

City

State

Zip Code

Bank Branch Telephone Number (including area code)

Routing/ABA No. (see sample check below to locate number)

Account Number (see sample check at right to locate number)

Mail or Fax to:

CONEXIS FSA
P.O. Box 226101
Dallas, TX 75222
Phone: 866.279.8385
Fax: 877.353.2948

Paul Maple Deborah Maple 1234 Windy Oaks Drive Anywhere, MD 20000	Date _____	1444 15-0000/0000
PAY TO THE ORDER OF _____	\$ <input type="text"/>	DOLLARS
ANYTOWN BANK Anytown, MD 20000	For _____	
⑆ 23456789 ⑆ 0123 123456 ⑆ 1444		
Routing Number	Account Number	

I hereby authorize CONEXIS to initiate credit entries to my account at the depository institution (bank) indicated above. I further authorize CONEXIS to reverse any credit entry made in error to my account at the above named depository institution.

This authority is to remain in full force and effect until CONEXIS has received written notification from me of its termination. I understand that this authorization is for the reimbursements from my employer-sponsored flexible benefits plan.

Signature _____

Date _____

CXD 5218 06/2005