

# DIRECT DEPOSIT AUTHORIZATION FORM

Mail this form to:

FlexToday, Inc.  
 PO Box 16099  
 Fresno, CA 93755

**FAX: 469-398-0423**

Alternate Fax Numbers  
 214-716-1134 or 559-432-6220  
 Secure Claims Portal Link  
 Fax Page # \_\_\_\_\_ of \_\_\_\_\_

|  |  |               |
|--|--|---------------|
| Your Name  | Last 4 Numbers of SSN  | Date of Birth |
| Your Home Mailing Address  | The Name of Your Employer  |               |
| City, State and Zip Code   | Name of Financial Institution  |               |
| Your E-Mail Address:   | Check one: Deposit to my<br><input type="checkbox"/> <b>Checking (22)</b> <input type="checkbox"/> <b>Savings (32)</b> |               |
| <b>Routing number:</b> This should be the first set of nine (9) numbers at the bottom of your check that begins with a <b>0, 1, 2 or 3</b> . It will not begin with a 5. |  |               |
| <b>Account number:</b> This should be the second set of numbers at the bottom of your check  |  |               |

I hereby authorize FlexToday, Inc., hereinafter called FlexToday, to initiate automatic deposits (credit entries) and, if necessary, to make withdrawals (debit entries) and adjustments for any credit entries in error to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law. I agree not to hold FlexToday responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that I must immediately notify FlexToday in writing if this information becomes outdated or invalid and I acknowledge and agree that a \$20 fee will be charged against my account if any transactions are rejected due to outdated or invalid banking information. This authority will remain in effect until I have cancelled it in writing in such time and in such manner as to afford FlexToday a reasonable opportunity to act on it.

**X**

Participant Signature (Digital signatures are not allowed on this form)

Date Signed

**\*\*\* ATTACH A "VOID" COPY OF YOUR CHECK HERE \*\*\***

Please attach a copy of a voided check. Deposit Slips do not provide sufficient information to verify your banking information. If you are unable to provide a voided check, please ask your HR/Benefits Contact Person witness your form by signing here