Express Pay

DIRECT DEPOSIT AUTHORIZATION FORM

If you would like your reimbursements to be electronically deposited for you, please complete this form and return it to the address shown below.

Your Name	Your Social Security Number (Last 4 numbers only if e-mailing)
Your Home Mailing Address	The Name of Your Employer
City, State and Zip Code	Your Phone Number
Your E-Mail Address:	**Check one: Deposit to my** ☐ **Checking** (22) ☐ **Savings** (32)
Account number This should be the second set of numbers at the bottom of your check	
Routing number This should be the first set of nine (9) numbers at the bottom of your check. This number will NOT start with a 5.	
	Routing number will be nine numbers beginning with **0, 1, 2 or 3**

I hereby authorize FlexToday, Inc. or its successors, hereinafter called FlexToday, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as shown above and the depository institution defined herein, hereinafter called Depository, to credit and/or debit the same to such account. This authority is to remain in full force and effect until FlexToday has received written notification from me (in care of the address shown below) of its termination in such time and in such manner as to afford FlexToday and the Depository a reasonable opportunity to act on it.

X _____ _____

Participant Signature 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.

Please return this form by mail, completed, signed and dated, to Fax 559-432-6220

FLEXTODAY, INC.
CONTRACT ADMINISTRATOR OF EMPLOYEE BENEFIT PLANS

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