

Direct Deposit Authorization Form – Flexible Spending Account Reimbursements

To assure prompt and accurate processing of your request, please return this form to your employer.

Employer Name

**Complete this Section for any/all Direct Deposit Requests.
Then Check box below & complete that section**

Employee Name

SSN

☐

To Enroll in Direct Deposit, check box, attach voided check, & complete: (deposit slips not acceptable)

Bank Name

Routing Number

Account Number

Authorization – I hereby authorize PayPro Administrators and my Bank, as indicated on the attached check, to initiate entries into my designated account.

If my Bank is ever notified by PayPro Administrators that funds, to which I am not entitled to, have been erroneously deposited into my account, I authorize my Bank to return such funds to PayPro Administrators.

Signature

Date

☐

To Change Your Bank & Direct Deposit, check box & attach voided check: (deposit slips not acceptable)
(complete the top section of this form)

Bank Name

Routing Number

Account Number

Authorization – I hereby authorize PayPro Administrators and my Bank, as indicated on the attached check, to initiate entries into my designated account.

If my Bank is ever notified by PayPro Administrators that funds to which I am not entitled to have been erroneously deposited into my account, I authorize my Bank to return funds to PayPro Administrators.

Signature

Date

☐

To Cancel Direct Deposit, check box & complete below.
(also complete the top section of this form)

My signature below, indicates that I wish to cancel direct deposits. I understand that a 30 day notice is necessary, prior to the cancellation date.

Signature

Date



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