



Flexible Spending Accounts

Phone: 1.877.747.4141

Fax: 1.866.593.7125

DIRECT DEPOSIT ENROLLMENT FORM

You may elect to have claim reimbursements directly deposited into your bank account. Please complete the form below and return it to Continuon Services, LLC by U. S. Mail or fax. **Please do not e-mail this form to us.** You must attached a voided check (a deposit slip is not acceptable). Please complete all sections of the form. Failure to complete all sections of the form will delay your request. Please allow 1-2 business days for processing.

Employee Name: _____ Social Security Number: _____

Bank Name: _____ City: _____ State: _____

Select one: Checking Account Savings Account

Routing/ABA Number: _____ Account Number: _____

*** ATTACHED A VOIDED CHECK ***

Authorization

I authorize Continuon Services, LLC to deposit into the account designated on this form all eligible reimbursements from my medical and/or dependent care flexible spending account. I authorize my bank to accept and credit any credit entries as instructed by Continuon Services, LLC. In the event that Continuon Services, LLC deposits funds erroneously into my account, I authorize Continuon Services, LLC to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization will remain in full force and effective until Continuon Services, LLC and the bank have received written notice from me of its termination in such time and in such manner as to afford Continuon Services, LLC and the bank reasonable opportunity to act upon such notice.

Employee Signature: _____ Date: _____

P O Box 1379
Roswell, GA 30077-1379