



When completed, mail this form and receipt to:

Flex Corp
820 Gessner, Suite 1225
Houston, Texas 77024
Phone: (866) 401-5272
Fax: (866) 254-2942

Employer Name: _____

Employee Social Security Number: _____

I, _____ (print your name) authorize Flex Corp to accept invoice directly from _____ and authorize Flex Corp to remit those amounts directly to the day care facility named below.

Day Care Name: _____

Day Care Address: _____

City: _____ State: _____ Zip: _____

I understand that the invoices will be forwarded monthly to Flex Corp on the day care facility's standard letterhead and will clearly state:

- 1. the name(s) of the child(ren)
2. the dates being billed
3. the total amount due
4. my name
5. my social security number
6. my employers name

For my protection, Flex Corp will NOT accept invoices under any circumstance not described herein.

I agree to promptly advise Flex Corp of any changes regarding:

- 1. the name of the day care facility being used
2. the name(s) of my child(ren) being cared for by the day care facility
3. the standard rates for such care.

I will hold Flex Corp harmless for any payments made due to non or late notification of such changes.

I understand that any day care facility amount billed for which funds do not exist in my dependent care account are due from me and will be adjusted accordingly on the invoice.

Employee Signature

Date