



# Direct Deposit Form

**For Administrative Use Only:**

Client # \_\_\_\_\_  
 Keyed \_\_\_\_\_  
 Date \_\_\_\_\_  
 Pre noted \_\_\_\_\_

When completed, mail this form with voided check to:

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

Must be completed by participant:

**Your Employer's Name:** \_\_\_\_\_

*I hereby authorize Flex Corp, hereinafter called "Company," to initiate credit entries to my:*

*Checking Account*       *Savings Account*

*at the Depository named below. For prompt service, please send this form separately from claims and allow 6 to 9 business days for bank processing. Sending this form with your claims could result in the delay of the direct deposit set up.*

**Your Name** (please print): \_\_\_\_\_

**Your Social Security Number or Alternate ID:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Exact Name on Account:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Transit Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

*This authority will remain in full force and effect until the Company has received written notification from the account signatory in such time and manner as to afford the Company and Depository a reasonable time to act upon it.*

\_\_\_\_\_  
Signature of Account Signatory

\_\_\_\_\_  
Date

