



VitaFlex Direct Deposit Form

Benefits of Direct Deposit

- ✓ Enables you to receive your VitaFlex Reimbursements faster
- ✓ Eliminates the hassle of having to go to the bank
- ✓ Your VitaFlex reimbursements are deposited directly into your personal bank account
- ✓ Deposits happen on Friday each week
- ✓ Your Employer saves money as they are charged for every check written

Participant and Banking Information

Full Name: _____

SS# or
Employee ID: _____

Phone : _____

Type of
Authorization: New Authorization Change of Account

Bank Name: _____

Bank Address: _____

Account Type: Checking Savings

Authorization and Signature

I authorize Vita Administration Company to deposit my FSA claim reimbursements into the account which I designate below (by attaching a voided check). I understand that this authorization will remain in effect until terminated in writing. In the event that funds are deposited erroneously into my account, I authorize Vita Administration Company to debit my account for an amount not to exceed the original amount of the erroneous credit. I request that the account listed below honor such a charge-back request, provided that funds are available.

Signature: _____

Date: _____

Fax To: VitaFlex
(650) 964-FLEX (3539)
(866) 964-FLEX (3539)

E-mail To:
flex@vitamail.com

Mail To: VitaFlex
900 North Shoreline Boulevard
Mountain View, CA 94043-1933

**ATTACH VOIDED
CHECK HERE**