

TabenFlex
DIRECT DEPOSIT FORM

Instructions:

1. If you chose to receive your reimbursements by direct deposit to your bank account, please complete this form and return below:
2. You must attach a copy of a voided check for a checking account deposit in the designated space below.
3. Fax completed form and required information to 316-462-3394 or forward to:
The Taben Group
C/O Surency Life & Health
PO Box 789773
Wichita, KS 67278-9773
4. If you have any questions regarding this form, please call 855.826.8692.

Employer _____ Plan Year

Employee Information

Employee Name _____ Social Security Number (please do not email your SSN)

Account Information

Bank Name	Checking	Savings	Adding Direct Deposit Changing the Account
Bank Routing Number (see diagram below)	Bank Account Number (see diagram below)		

Authorization

I authorize the direct deposit of funds reimbursed from my Pre-tax Accounts into the bank account specified above. My administrator will continue to use this as my "Account of Record" until notified, in writing, to discontinue use of the account. I understand that direct deposit will continue automatically into each new Plan Year unless I notify my administrator, in writing, of a change. I authorize my bank account to be debited for any reimbursements sent in error or claims denied after reimbursement. I certify that I have read, and understand, the information on this Authorization Form.

Signature: _____ Date: _____

**Attach
Voided Check**

JON SMITH 1234 8th ST. S FARGO, ND 58102	1200 DATE _____
PAY TO THE ORDER OF	\$
MEMO	
Routing Number	Account Number

