



Did you know we can send your reimbursement payments directly to your personal bank account?

We can! It can make your life easier, because you no longer have to go to the bank and personally deposit your check.

Just complete this form, return it to FlexSave and we will get you started with Direct Deposit right away. *If you are already on Direct Deposit – Congratulations! Just disregard this form.*

## Direct Deposit Authorization of Reimbursement Claims For Employee/Participant

Employee/Participant Name: \_\_\_\_\_ Employee SSN: \_\_\_\_\_

Company Name: \_\_\_\_\_

I hereby authorize Medical Mutual Services, LLC/FlexSave to initiate variable credit entries to my:

Checking Account    or     Savings Account

indicated below and the depository named below (Depository) to credit the same to such account.

\*\* Please note that before the ACH option takes effect a prenotification transaction needs to be sent to the bank for approval, therefore the next disbursement after this election will still come in the form of a check. Then the remaining payments will be via ACH. Any ACH transactions stopped by the bank will cancel your ACH election until corrections can be made.

**\*\*An actual *voided* check must be attached\*\***

**Staple voided check here**

**This form will not be processed without a voided check**

Account Number: \_\_\_\_\_

Depository (Financial Institution): \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Bank ACH Transit Routing Number: \_\_\_\_\_

This authority will remain in full force and effect until Medical Mutual Services, LLC/FlexSave has received written notification from me of its termination in such time and in such manner as to afford Medical Mutual Services, LLC/FlexSave a reasonable opportunity to act on it. MMS/FlexSave is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax form to: 440-878-4890  
OR

Mail to: MMS/FlexSave – MZ: 04-2W-8317, 2060 East Ninth Street, Cleveland, OH 44115-1355