



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 and return it to FlexSave.

Direct Deposit Authorization of Reimbursement Claims For Employee/Participant

Employee/Participant Name: _____

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.

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

Staple voided check here

This form will not be processed without a voided check

* 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.

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