

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 au	thorize Medical Mutual Services,	, LLC/FlexSave t	o initiate variable credit entries to my:	
	☐ Checking Acc	ount or	☐ Savings Account	
indicated be	elow and the depository named	below (Deposito	ory) to credit the same to such account.	
	An actual voi a	<i>led</i> check	k must be attached*	
	Staple	voided	check here	
This	form will not be	process	ed without a voided ch	neck
ext disbursement after ansactions stopped by	·	ne form of a che tion until correction		•
epository (Finan	cial Institution):		Branch:	
lity:		State: _		
ank ACH Transit	Routing Number:			
ermination in such tir IMS/FlexSave is not re	ne and in such manner as to affo	ord Medical Mutual I to expenditures	res, LLC/FlexSave has received written notifica al Services, LLC/FlexSave a reasonable opport made before an actual ACH deposit is in your them.	tunity to act on it.
Signature:			Date:	
	Fax	form to: 440- OR	878-4890	