



# Authorization Agreement for Direct Deposit of Flexible Spending Accounts (FSA) Reimbursements

Instructions:  
You can designate one account for your direct deposit of Flexible Spending Accounts (FSA) Reimbursements. Do not close an existing account without notifying the University of Cincinnati Benefits Office first. Failure to do this will delay your receipt of reimbursement.

Attach the following:

For **CHECKING** Account a voided check is needed.

For **SAVINGS** Account a savings account deposit slip is needed.

**Mail completed form to the Human Resources Service Center at mail location 0039**

## Flexible Spending Account Reimbursements Deposit

\_\_\_\_\_DEPOSIT my FSA reimbursements into my \_\_\_\_\_CHECKING \_\_\_\_\_SAVINGS

\_\_\_\_\_CANCEL my current FSA direct deposit \_\_\_\_\_CHANGE my current FSA direct deposit

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

NOTE: Series of numbers on the left bottom of check

Bank/Financial Institution \_\_\_\_\_ City & State \_\_\_\_\_

I hereby authorize the University of Cincinnati to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits, to my account indicated above and to the financial institution named above to credit and/or debit the same to such account.

Print Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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

This Authority shall remain in full force and effect until the University has received written notification from me of its termination in a timely manner as to afford the University and financial institution a reasonable opportunity to act upon it. The University reserves the right to terminate this agreement without any prior notification.