

DIRECT DEPOSIT AUTHORIZATION / TERMINATION

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Social Security Number: _____ Employee ID: _____
Email Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____

ACTION TAKEN

By submitting this form, I wish to make the following election for my account. Choose one:

- Initiate Direct Deposit
 Change Account Designation for Direct Deposit
 Terminate Direct Deposit

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize to initiate deposit entries and any adjustments to correct errors to my

Choose one: **Checking Account** **Savings Account**

indicated below and the Bank/Credit Union named below to debit same to such account.

Bank/Credit Union: _____

Routing Number: _____ Account Number: _____

Check with your financial institution for questions regarding your routing or account number.

ACKNOWLEDGEMENT

I understand that this authority is to remain in effect until WEX Inc. receives written notification from me of a change in such time and in such manner as to afford WEX Inc. a reasonable opportunity to act on it. I recognize I will need to complete additional verification steps when prompted before my direct deposit account is active.

Employee Signature: _____ Date: _____

SEND COMPLETED FORM

Mail: IU HSA/FSA
Claim Reimbursement
P.O. Box 2905
 Fargo, ND 58108-2905

Fax: 1-888-887-9961