



You may FAX this form to 952-541-6377.

DO NOT mail originals if you fax a copy.

Total # pages FAXed: 2

Direct Deposit Authorization for Flexible Spending Account Payments

Name (please print)	SSN or Employee ID
Company Name	Day Time Telephone Number
E-mail address for electronic correspondence	

Instructions: To begin direct deposit, or change direct deposit accounts, complete Section A. To terminate direct deposit complete Section B. If you are changing accounts or terminating direct deposit, you must notify FCI **prior** to closing your current account. **This information remains in our database as long as you are a participant. You do not need to resubmit the same information.**

A. Begin Direct Deposit:

I authorize you and the financial institution listed below to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

- Checking account Savings account

This authority will remain in effect until I have cancelled it in writing.

Financial Institution	
Branch	Transit Routing Number
Branch Phone Number	Account Number

You must submit with this form a voided check for a checking account (deposit slips are not acceptable for checking accounts) or a deposit slip for a savings account. If you are faxing the form, please photocopy your voided check or deposit slip and send as Page 2 of your fax or tape to the area below your signature.

SIGNATURE _____
(required for activation)

DATE _____

B. Terminate Direct Deposit:

Please terminate direct deposits to my checking account savings account.

SIGNATURE _____
(to terminate previous activation)

DATE _____

Either mail or fax this form to:
ThrivePass, P.O. Box 220, Minneapolis, MN 55440-0220
952-544-8332 800-333-5597 952-541-6377 (FAX)
<https://thrivepassbenefits.LH1ondemand.com>

Attach your voided check here