SISCO
FLEXIBLE SPENDING ACCOUNT AUTHORIZATION FORM
AUTOMATIC DIRECT DEPOSIT
Another Convenient Feature Of Your Flexible Spending Account (FSA)

Automatic Direct Deposit of your FSA reimbursements is a convenient feature that many employees appreciate. This added service is designed to save you time handling your reimbursement checks. If you decide to take advantage of Automatic Direct Deposit, your FSA checks will be deposited automatically in any checking or savings account you select.

By completing the Authorization Form below, you are directing your employer and your financial institution to deposit your reimbursements to your checking or savings account. To sign up for Automatic Direct Deposit, simply complete the form as follows and return it to SISCO:

- Fill out the form completely, including: your name; Social Security Number; telephone number; name and location of your financial institution; and the name of your employer, including your division or location.
- Mark the appropriate box to indicate whether your FSA reimbursement will be deposited to your checking or savings account. If Savings, please indicate the 9 digit Federal Routing/Transit Number of your account.
- Attach a voided check to the form if you want reimbursements deposited in your checking account. Attach a voided deposit slip to the form if you want your reimbursements deposited in your savings account.
- Sign the form and mail to: SISCO/Flex Spending Dept
P.O. Box 389
Dubuque, IA 52004-0389

EMPLOYEE NAME: (Last)	(First)	(MI)
TELEPHONE NUMBER: ( )		
SOCIAL SECURITY NUMBER:		
EMPLOYER:		
DIVISION OR LOCATION:		

FINANCIAL INSTITUTION	BRANCH	
CITY	STATE	ZIP
☐ CHECKING (Attach a Voided Check)	☐ SAVINGS (Attach a Voided Deposit Slip)	
For Savings only, indicate 9-digit Federal Routing/Transit Number:		

⇒ I hereby authorize my employer to deposit reimbursements from my Flexible Spending Account directly into my checking or savings account indicated above. I also authorize the financial institution names above to accept my deposits and to credit the amount to my account. This authority will remain in effect until my employer has received written cancellation notice from me in such time and such manner as to afford my employer a reasonable opportunity to act upon it.

Date: _____ Signature:_____

(Direct deposit will continue year to year. You don't need to sign up for direct deposit every year)