

Flexible Spending Account Direct Deposit Authorization Form

CompuSys/Erisa Group, Inc is the administrator of the City of Austin Flexible Spending Accounts (FLEXTRA). With our administration of the FSA benefit, we are able to provide you with a direct deposit service enabling FSA reimbursements automatically deposited directly in to your checking or savings account, at no additional charge. Direct deposit transactions may be subject to service charges or fees assessed by your individual financial institution. You should contact your financial institution to find out about any fees or charges that may apply.

The direct deposit service allows FSA reimbursements to be credited directly to your bank account and saves you from having to make a trip to your bank or ATM. With each direct deposit transaction, our office will provide you with an emailed confirmation statement informing you of the reimbursement claims paid and the amount deposited to your account. If you would like to take advantage of this service, simply provide the information requested below, sign and return to our office. Direct deposit of your FSA reimbursement will begin within a 10 day processing period. If you would like to find out more about this service, or if we may help with any questions about the Health Care or Dependent Care FSA benefits, please feel free to contact our office at (512) 250-9397 or (800) 933-7472.

DIRECT DEPOSIT REQUEST CITY OF AUSTIN FLEXTRA ACCOUNTS

Employee Name: _____ Employee ID Number: _____

Email address for payment notification (required): _____

CHECKING ACCOUNT

SAVINGS, MONEY MARKET, OR OTHER ACCOUNT

Attach voided check or copy of check
(DO NOT PROVIDE COPY OF DEPOSIT SLIP)

Name of financial institution

Bank routing number

Account number

CompuSys/Erisa Group, Inc is authorized to deposit my Flexible Spending Account reimbursements to the financial institution indicated on the attached voided check, or appearing in the space indicated above for the City of Austin FLEXTRA Accounts. If necessary, debit entries and adjustments for any credit entries made in error to my account may also be performed. I understand that it is my responsibility to inform CompuSys/Erisa Group, Inc of any changes concerning my account information. This authority shall remain in full force and effect until CompuSys/Erisa Group, Inc has received written notification from me of its termination in such time and manner as to afford CompuSys/Erisa Group, Inc a reasonable opportunity to act on it.

Employee Signature

Date

Return completed forms to:
CompuSys/Erisa Group, Inc.
13706 Research Blvd STE 308
Austin, TX 78750
FLEXTRA@cserisa.com
Fax: (512) 250-2937