
FLEXIBLE SPENDING ACCOUNT

Direct Deposit Enrollment Form

To enroll in Direct Deposit for your Flexible Spending Account, complete the form below and return to Alliance Insurance Group, LLC. Attach a VOIDED Check (a deposit slip is not acceptable) for the account into which the reimbursement will be deposited. All information must be supplied in order for the direct deposit to be established.



I hereby authorize Alliance Insurance Group, LLC to deposit any amounts submitted by eligible receipts for reimbursement from my Flexible Spending Account directly into the account designated on this form. Furthermore, I authorize my bank to accept and to credit any credit entries indicated by Alliance Insurance Group, LLC to my account. In the event that Alliance Insurance Group, LLC deposits funds erroneously into my account, I authorize Alliance Insurance Group, LLC to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Alliance Insurance Group, LLC and the bank have received written notice from me of its termination in such time and in such manner as to afford Alliance Insurance Group, LLC and the bank reasonable opportunity to act on such notice.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Employee Email Address: _____

Bank Name/City/State: _____

ACCOUNT INFORMATION (SELECT ONE)

Checking Account Routing/Account #: _____

Savings Account Routing/Account #: _____