Direct Deposit Authorization

New ☐	Change ☐	Cancel ☐
Bank/institution name:		
Bank/institution address:		
Type of account:	☐ checking ☐ savings	
Account number:		
Routing and transit number:		
Does this number match the routing number as listed on the voided check? Yes ☐ No ☐		
By signing below, I am authorizing isolved Benefit Services to initiate credit/debit entries for reimbursement of my FSA claims to the bank/institution listed above into the account specified.		
Signature:	Date:	
Print name:		
Social Security Number:		
Employer name:		

Note:
If you designated a checking account, a copy of a voided check is required. Failure to attach a voided check may result in a delay in processing reimbursements.

- If you designated a savings account, please validate the account number as it appears on your statement.
- Your financial institution may have a separate routing number for ACH transactions; please verify the routing number with your financial institution to prevent any delay in receiving reimbursements.

Email this form to fsa@isolvedhcm.com to isolved Benefit Services, PO Box 488, Coldwater, MI 49036.

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