

Direct Deposit Option Form

This form allows you to sign up to have your Flexible Benefit Plan reimbursement directly deposited into the bank account of your choice. Please allow up to 2 business days for your direct deposit enrollment to be processed. Reimbursements issued after that date will be sent via direct deposit.

INSTRUCTIONS: INCLUDE RECEIPTS AND DOCUMENTATION WITH THIS REQUEST FORM

1. **Complete** all applicable sections of this form. Remember to sign and date the bottom of this form.
2. **Attach** a voided check (checking account) or a savings deposit slip (savings account).
3. **Submit** this completed form and supporting documentation to Igoe Administrative Services for review via:
 - Secure Upload through your personal account at www.goigoe.com
 - Email to flex@goigoe.com
 - Fax to 800-456-9083
 - OR Mail to Igoe Administrative Services, P.O. Box 501480, San Diego, CA 92150-1480
4. **Tip** • Actual reimbursement release dates will be updated in your online account the morning following the payment. Reimbursements should appear in your bank account no more than 3 business days after their release date.
5. **Questions?** Please contact Participant Services at flex@goigoe.com, 1-800-633-8818, Opt# 1.

Section A: About You ***(All information is REQUIRED. Please print clearly)**

Employer Name

Employee Name

Employee Number (If Applicable)

Section B: Account Information

Name of financial institution

Checking account number

Bank Routing Number (fst nine numbers on botom of check)

-or- Savings account number

Section C: Authorization: ***REQUIRED (PLEASE SIGN AND DATE)**

I hereby authorize my employer to deposit my Flexible Benefit Plan reimbursement amount directly to the bank account indicated above. I understand that I am responsible to confirm that funds have been successfully deposited by checking my deposit status and fund availability directly through the financial institution listed above. If my account information changes for any reason or if I wish to cancel direct deposit, I will send written notice to Igoe Administrative Services.

Signature: _____ Date: _____