



▶ You can submit this data via the [myameriflex](#) portal.

DIRECT DEPOSIT REQUEST

Authorization Agreement For ACH Debits/Credits

I, hereby authorize Ameriflex, hereafter called ADMINISTRATOR, to initiate debits and/or credits to or from my Bank Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit and or credit the same to such account with the agreement that the only debits to be made will be for the sole purpose of correcting a prior FSA reimbursement error. I acknowledge the the origination of ACH transactions to or from my account must comply with the provisions of U.S. law.

Employer Name: _____

Employee Name: _____ SSN (last four digits): _____

Depository Name: _____ Account Name: _____

City: _____ State: _____ Zip: _____

Routing Number (always nine digits): _____ Account Number: _____

Select One: Checking Account Savings Account

If you would prefer, please attach a voided check.

⋮ 1 2 3 4 5 6 7 8 9	⋮ 0 0 0 0 1 2 3 4 5 6	⋮ 1 2 3 4
routing number	account number	check number

This authorization is to remain in full force and effect until the administrator has received written notification from the employee named above of the termination in such time and in such manner as to afford the administrator and depository a reasonable opportunity to act on it.

Employee Signature

Date

Please mail, email or fax original to:

Mail	Email	Fax
Ameriflex	forms@myameriflex.com	800.282.9818
P.O. Box 269009		
Plano, TX 75026		

Upon receipt, the Federal Reserve requires 14 business days to perform the initial approval of the ACH information. After this time, Ameriflex will be directly depositing all claim reimbursements into the bank account provided two days after every processing date determined by your employer.

It may take up to 5 business days to have your reimbursements appear in your account, depending upon the automated clearing house utilized by your bank. We suggest that you contact your bank to confirm when these funds become available in your account. Ameriflex shall not be responsible for any checks or other debt payments you make whereby you have assumed these funds are available.



TOLL FREE: 888.868.FLEX (3539) [myameriflex.com](#)