

FLEXIBLE SPENDING DIRECT DEPOSIT AUTHORIZATION

We recommend you use direct deposit to have your reimbursements automatically put into your account at your bank or credit union. This will ensure that your money will be in your account sooner. Also, direct deposit provides extra safety—your checks cannot be stolen or lost in the mail.

PERSONAL INFORM	ATION (REC	QUIRED)		
Payee name (print as it appears	on the account):		
DMBA ID number:			Social Security number:	
Payee signature:				Date:
ACCOUNT INFORMA	TION			
CHECK ONE:				
Send my reimbursement	to my financial i	nstitution for direct depos	sit. I have completed the autho	orization.
Mail my benefit payment	to the address D	MBA has on file.		
			VOIDED CHECK HERE USE A DEPOSIT SLIP)	
Institution name:				
Institution routing number:				
Account number:				_ Account type (check one):
Institution street address:				
City:	State:	ZIP code:	Phone number:	
I understand that I may end thi	s agreement at a	any time by notifying DM	BA in writing, allowing DMBA	reasonable time to act upon my notification.

Please return this completed form to enrollmenthelp@dmba.com. You may also mail it to DMBA, Attention: Member Services, P.O. Box 45530, Salt Lake City, Utah 84145-0530 or fax it to 801-578-5933. For questions, visit www.dmba.com or call us at 801-578-5600 or 800-777-3622.

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