

BENEFLEX, INC.

DIRECT DEPOSIT AUTHORIZATION FORM

Phone: 800-925-4087 - 615-831-0990 FAX: 800-449-7501 - 615-831-9910

Name of Day Care: \_\_\_\_\_

Day Care Address: \_\_\_\_\_

Day Care Phone: \_\_\_\_\_ EIN or SS #: \_\_\_\_\_

Day Care Main E-Mail: \_\_\_\_\_

Beneflex, Inc. is requested and authorized to deposit funds directly into the below listed account on Friday of each week in the amount of \$ \_\_\_\_\_ on the following persons behalf :

(Parents Name) \_\_\_\_\_

John Doe 123 Main Street Anywhere, TN	1234
	Date _____
PAY TO THE ORDER OF _____	\$ _____
	_____ DOLLARS
FIRST BANK OF MONEY	
Memo _____	
<b>⑆ 05 400009 8⑆ 00603 8845 236 ⑆ 1234</b>	
Routing Number	Account Number

Name of Day Care Bank: \_\_\_\_\_ Checking  Savings

ROUTING NUMBER: 

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ACCOUNT NUMBER: 

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I certify that by signing this agreement, I authorize Beneflex, Inc to initiate credit entries to the account indicated above for the purpose of childcare payments from my clients flexible spending account. I also authorize Beneflex, Inc. to initiate, if necessary debit entries and adjustments for any credits made in error. I understand and agree that any monies not used for childcare service incurred will be returned to Beneflex Inc. PO Box 41764, Nashville TN 37204 and not, under any circumstances returned to the client.

\_\_\_\_\_  
Authorizing Signature

DATE: \_\_\_\_\_