

**Flexible Spending Account
Electronic Funds Transfer Form**

Employee Name			
Kronos Badge #		Affiliate	
SS #		Daytime Phone #	

- Enroll me in Electronic Funds Transfer (EFT) of my FSA reimbursements. I understand that this option offers the ability for SHPS, Inc. to deposit reimbursements directly into my personal checking or savings account as indicated below. (Only one account may be used for both plans.) I am attaching a voided check or deposit slip from my account.
- Change my EFT information for my FSA reimbursements. I am filling out the new bank information and attaching a voided check or deposit slip from my new account.
- Cancel Electronic Funds Transfer (EFT) for my FSA reimbursements.

BANK INFORMATION

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

Account Type **Checking** **Savings**

Employee Signature Date

Human Resources Signature Date