



**SABC FLEXIBLE SPENDING CAFETERIA PLAN, DIRECT DEPOSIT AUTHORIZATION**

**Check the Appropriate Box**

New Setup

Change Information

Cancel Direct Deposit

I \_\_\_\_\_ an Employee of \_\_\_\_\_, authorize SABC to:  
*(Insert Employee Name)* *(Insert Name of Employer)*

Initiate electronic credit entries from my Flexible Spending Cafeteria Plan account, based on each claim for reimbursement I submit to SABC, and if necessary, any debit entries and adjustments for any credit entries in error. I acknowledge and understand that ***it is my responsibility*** to check the account on the next business day, after receiving email notification of payment, to ensure that the account was properly credited. I understand that I am required to have an email account in order to be notified a payment was issued. I understand SABC will not be liable for any bank charges resulting from problems associated with payment by direct deposit such as: my error in providing the correct bank information, or my failure to notify SABC when a bank account is closed. If SABC is charged a fee, by any financial institution in regard to incorrect or closed account information due to failure on my part, SABC reserves the right to transfer those fees to me.

I acknowledge that the origination of an Automated Clearing House (ACH) transaction to my Checking Account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it by filing a new form with SABC.

***(Please Complete All Fields)***

\_\_\_\_\_  
Employee Name ***(Please Print)*** / ***Daytime phone***



\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Social Security Number

CHECKING \_\_\_\_\_ or SAVINGS \_\_\_\_\_  
(Please check one, by using a capital X)

\_\_\_\_\_  
Employee Email Address for Notification **(Required)**

\_\_\_\_\_  
Date

***REQUIRED IF CHECKING***  
**TAPE VOIDED CHECK HERE. DO NOT STAPLE.**

**BANK INFORMATION**

\_\_\_\_\_  
Financial Institution Name ***(Please Print)***

\_\_\_\_\_  
Financial Institution City and State

\_\_\_\_\_  
Financial Institution Routing/Transit (ABA) Number (9 digits)

\_\_\_\_\_  
Your Account Number

***Please double check the FDIC Bank Routing/Transit and your bank account number for accurate entry, then attach a Voided Check and fax or mail to SABC. Fax 601-856-8088 \* Mail to PO Box 2449 Madison, MS 39130 or give to your Human Resource Department.***

Provided by:

**(SABC)** P.O. Box 2449 \* Madison, MS 39130-2449 \* (601) 856-9933 \* [www.sabcflex.com](http://www.sabcflex.com)