



DIRECT DEPOSIT
AUTHORIZATION FORM

Complete and send to:
 JAEGER & FLYNN ASSOCIATES, INC. FLEX PLAN SERVICES
 42 South Street • Glens Falls, NY 12801 • F: 518.792.0226

Receive your Reimbursement Plan payments quicker and with greater ease!

**AUTHORIZATION FOR DIRECT DEPOSIT
 OF REIMBURSEMENT PLAN PAYMENTS**

Required for new authorizations or changes to existing information on file with JFA Flex Plan Services

I hereby authorize Jaeger & Flynn Associates, Inc. to initiate direct deposits of my Reimbursement Plan payments into my designated (*please check one and clearly write account information*)

- Checking account**—Routing number: _____ Account number: _____
 Savings account—Routing number: _____ Account number: _____

Voided check or bank statement with bank's nine-digit routing number and your account number must be attached— deposit slips not accepted

This authorization is to remain in effect until I provide written notification to Jaeger & Flynn Associates, Inc. of termination of this authorization. I understand that I will be provided with notification of the amount and date of each direct deposit made.

Your Employer's Name: _____
 Your Name: _____
 Mailing Address: _____
 City/State/Zip Code: _____
 Last 4 digits of Soc Sec#: _____
 Email Address*: _____
 Signature: _____
 Date: _____

*By providing your email address and signature on this Authorization, you consent to receive electronic communications at the above specified email address, for any and all matters permitted by law regarding your employer's Reimbursement Plan which is sent by, or on behalf of, the Plan or your employer. This also certifies that you have access to the above email address and are able to receive electronic messages with attachments at that email address. Should you subsequently provide the Plan Administrator with a different email address to use for these communications, this consent shall apply to that email address also. You may request a paper copy of any correspondence provided electronically at no charge by contacting the Plan Administrator in writing. Neither the Plan, Employer, nor any agent of the Plan or Employer, shall be held liable for my not having received any communication by virtue of your inability to receive the communication at the email address provided. Any electronic communication sent shall be deemed to have been received by you. You may revoke this consent at any time by notifying the Plan Administrator in writing. If you should no longer have access to the email address last provided to the Plan Administrator, please immediately provide a new email address or revoke this consent.