

Employee Data

Company Name:

Employee Name:

Employee Social Security or ID Number:

Description of Need for Information

As a participant in the VitaFlex Flexible Spending Account (FSA) Plan offered through your employer, you have the option to receive reimbursements for eligible claim submissions via direct deposit. Your current bank account information must be provided to Vita Administration Group (Vita) in order to expedite the reimbursement process. If you have already provided this information to Vita through your Employer's election process, then you do not need to submit this information again. If you would like to change your bank account information on file, then please fill out this form and submit to Vita for processing. You may also enter this information through your online account by logging into www.vitaflex.net/login, and going to "Profile", then "Banking/Cards".

Bank Account Information

Type of Authorization: New Authorization Change of Account

Bank Name:

Bank Address:

Account Type: Checking Account Savings Account

For Savings Accounts and "check-free" Checking Accounts, please provide the first page of a recent bank statement to confirm the bank account information.

Verification

I authorize Vita Administration Group to deposit my FSA claim reimbursements into the account which I designate below (by attaching a voided check). I understand that this authorization will remain in effect until terminated in writing. In the event that funds are deposited erroneously into my account, I authorize Vita Administration Group to debit my account for an amount not to exceed the original amount of the erroneous credit. I request that the account listed below honor such a charge-back request, provided that funds are available.

Date

Employee Signature

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CHECK HERE

Form Submission Methods

E-mail To: flex@vitamail.com

Fax To: VitaFlex
(650) 964-FLEX (3539)
(866) 964- FLEX (3539)

Mail To: VitaFlex
900 North Shoreline Blvd Mountain
View, CA 94043