



DIRECT DEPOSIT AUTHORIZATION FORM

TPSC BENEFITS

Mailing Address: P.O. Box 1894 • Tacoma, WA 98401
Physical Address: 1101 Pacific Ave. Suite 300, Tacoma, WA 98402
Phone: 253.564.5611 ext. 210 • **Fax:** 253.564.5881 • **Toll Free:** 800.426.9786 ext. 210

EMPLOYEE INFORMATION

Employee Name:		Social Security #:	
Address:	City:	State:	Zip:
Employer:			
Phone #:		Email:	

I request my **Health FSA/HRA/Dependent Care FSA** reimbursement direct deposit to be placed in the following account(s):

Institution	Bank ABA Number	Account Number	Type Of Account
	#	#	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	#	#	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please provide a voided check for each checking/savings account listed above. TPSC Benefits will not process without a voided check. DO NOT USE A DEPOSIT SLIP, THE NUMBER COULD BE INVALID!

I authorize my Health FSA / Health Reimbursement Arrangement / Dependent Care FSA Reimbursement to be sent to the financial institution named above to be deposited in the designated account.

In the event funds are deposited erroneously into my bank account, I authorize my Health FSA / Health Reimbursement Arrangement / Dependent Care FSA provider to debit my account(s), not to exceed the original amount of the credit.

I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that fund availability is subject to the terms and limitations of the ACH as well as my financial institution.

_____ Employee Signature:	_____ Date:
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