



**Employer Name** \_\_\_\_\_  
**FSA Direct Deposit Form**

It may take up to 10 business days from the time we receive and enter your form until it has cleared the bank. In the event that you are receiving a reimbursement during that time, you will be issued a manual check. All future reimbursements on newly submitted claims will be directly deposited into your specified bank account.

Please return form via fax to 877-491-6016, via US mail to CieloStar FSA Administration, 730 Second Avenue South, Suite 530, Minneapolis, MN 55402, or email to flex@cielostar.com.

**Employee Name** \_\_\_\_\_

**Social Security Number** \_ \_ \_ - \_ \_ - \_ \_ \_

**Select One :**

- New Direct Deposit**
- Change Existing Direct Deposit**
- Cancel Existing Direct Deposit**

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Bank ABA #** \_\_\_\_\_

**Type of account:**      **Checking** \_\_\_\_\_      **Savings** \_\_\_\_\_  
(Check One)

**Authorization**

I authorize the electronic transfer of funds into the bank account I have specified to reimburse expenses covered by the Spending Account(s) I am enrolled in. This authorization will remain in full effect until I provide written notification of my cancellation or until the end of the plan year.

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

\_\_\_\_\_  
**Date**

**IMPORTANT! Attach a voided check to this form.**