



**DIRECT DEPOSIT AUTHORIZATION FORM - Employee
FOR THE FLEXIBLE BENEFITS PLAN**

Employee Name _____

Employee SSN _____

Employer _____

I hereby authorize and request the Key Family of Companies to initiate credit entries to the account indicated below:

_____ Checking Account _____ Savings Account

Account Number _____

Bank ACH Transit Routing Number _____

Depository _____
(Bank Name)

Branch _____ City _____ State _____

This authorization will remain in effect until written notice is received by the Key Family of Companies that terminates this authorization.

Signature

Date

**CHECKING ACCOUNT – A VOIDED CHECK MUST BE ATTACHED
SAVINGS ACCOUNT – A WITHDRAWAL SLIP MUST BE ATTACHED**

Please attach a voided check (or withdrawal slip for savings account). If this is not available you must obtain the correct ACH transit routing number and bank account number from your bank.

Mail to: Key Benefit Administrators - FlexPro P.O. Box 55210 Indianapolis, IN 46205

Call: 800-558-5553 * 317-284-7150

Fax: 866-241-1488 * 317-284-7269

Email: Flexpro@keybenefit.com

