



**HIGGINBOTHAM™**

## Authorization for Direct Deposit Section 125 Reimbursement Account

Employer Name \_\_\_\_\_

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

Employee SSN \_\_\_\_\_

I hereby authorize Higginbotham to initiate credit or debit entries to my checking account or savings account indicated below.

Check only one:  Checking Account  Savings Account

Bank ACH Transit Routing Number \_\_\_\_\_

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

This authority will remain in full force and effect until Higginbotham has received written notification from me of its termination in such time and in such manner as to afford Higginbotham a reasonable opportunity to act on it.

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

### **AN ACTUAL VOIDED CHECK MUST BE ATTACHED**

If an actual check is not available to attach, you are responsible for obtaining the correct ACH transit routing number from your financial institution.

**Do not submit deposit slip information, as it will not be accepted.**

Fax or mail to:

Attn. Flex Department  
c/o Higginbotham  
500 W. 13th Street  
Fort Worth, TX 76102  
Phone: 866-419-3519  
Fax: 817-882-9267  
Toll-Free Fax: 866-419-3516  
Email: flexclaims@higginbotham.net