



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 _____
(the first nine numbers at the bottom of your check)

Account Number _____

This authority will remain in 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 _____

Attach a voided check (optional):

Attach a voided check from the account you are using for direct deposit. If you do not have access to a check that you can void, it is your responsibility to obtain the Bank ACH Transit Routing Number from your financial institution.

DO NOT SUBMIT A DEPOSIT SLIP, AS IT WILL NOT BE ACCEPTED.

Mail, fax or email to:

Attn: Flex Department

c/o Higginbotham

1300 Summit Ave, Ste 750

Fort Worth, TX 76102

Phone: 866-419-3519

Fax: 817-882-9267

Toll Free Fax: 866-419-3516

Email: flexclaims@higginbotham.net