



PO Box 5308
Salem, OR 97304
(888) 436-0016

Direct Deposit Authorization Form for Flexible Spending Accounts

This request is: New Change Cancel

Employee Information

Employer Name: _____

Employee Name: _____

Employee Address: _____

I hereby authorize Performance Health Technology to initiate credit deposits to the bank account listed below. It is my responsibility to notify Performance Health Technology of any changes relating to my account. I may cancel the direct deposit option at any time.

Banking Information

Financial Institution: _____

Address: _____

Phone Number: _____

Routing Number: _____

Account Number: _____

Checking Account

Savings Account

Please attach a voided check to verify routing.

Member's Signature _____ Date _____