



Direct Deposit Authorization Agreement

You can have your claim reimbursements deposited directly into your bank account. Please complete the information below to set up direct deposit.

EMPLOYEE PROFILE

Employee Name: _____ Social Security #: _____
Address: _____ Date of Birth: _____
City: _____ Effective Date: _____
State: _____ E-mail Address: _____
Zip: _____ Department: _____
Home Phone: _____ Work Phone: _____

BANKING INFORMATION

Bank Name: _____ Transit (ABA) No.: _____
Type of Account Checking Savings Account No.: _____

If this is a new account, it must be established and active at your bank before you request direct deposit. I understand it is my responsibility to advise IMS of any change in the bank account that I authorize direct deposit of my FSA funds and I cannot hold IMS liable for misdirected funds.

Please attach the following and send the completed form to the below address:

1. Voided Check for Checking Account (deposit slip is not allowed for checking accounts) OR
2. Deposit slip for Savings Account

PO Box 1349 WAKE FOREST, NC 27588
ATTN: CONSUMER ACCOUNTS DEPARTMENT
PHONE: 919-877-9933 EXT 5052 FAX: 919-562-0021
EMAIL: CONSUMER@IMS-TPA.COM

AUTHORIZATION

I authorize Interactive Medical Systems and the bank listed above to deposit my Section 125 claim reimbursements directly into my account listed above.

If funds to which I am not entitled are deposited in my account due to error or any other reason, I authorize Interactive Medical Systems to direct the bank to return said funds to Interactive Medical Systems.

I understand that my deposit may not be credited to my account for up to two business days after the transaction has been sent to the bank for processing.

Employee Signature _____ Date _____
Company Name _____ Group Number _____