

Wells Fargo of California Insurance Services, Inc. DIRECT DEPOSIT AUTHORIZATION FORM

For

Flexible Benefits, including Health FSA, DCAP, Transportation, & Adoption Assistance

Use this form to commence, change or cancel your direct deposit with Wells Fargo of California Insurance Services, Inc. Please allow up to three weeks from the date Wells Fargo Insurance Services receives this form to activate your account. You will continue to receive regular disbursement checks, if applicable, during this process period.

***To process your request accurately,
This form MUST be completed in its entirety, signed, and a "voided" check must be attached***

EMPLOYER:		
Employee Name:	Employee ID Number:	
Address:		
City:	State:	Zip:
Daytime Phone:		
<u>Check Box:</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start Direct Deposit	Change Account	Cancel Account

Check One Add	Cancel	Account Type (checking or savings)	ABA Number	Account Number

IMPORTANT: Once a direct deposit has been initiated, you **MUST NOTIFY WELLS FARGO INSURANCE SERVICES** when your account is closed, whether it is closed by you or a financial institution. Wells Fargo Insurance Services must receive notification prior to your next scheduled disbursement.

Authorization Statement: I authorize Wells Fargo of California Insurance Services, Inc. to deposit each reimbursement directly into my account named above. I understand these instructions will remain in effect until written notification from me has been received to change or cancel the above information or until Wells Fargo Insurance Services or my financial institution has notified me that this deposit service has been terminated. This form authorizes Wells Fargo Insurance Services to recover any compensation or benefits related funds erroneously deposited into my account.

I have accurately completed this form to the best of my knowledge, and have attached a voided check for processing.

Date: _____ **Signature of Employee:** _____

FAX: 800-231-3213
Mailing Address: Wells Fargo of California Insurance Services, Inc.
 11017 Cobblersrock Drive, Suite 100
 Rancho Cordova, CA 95670
Phone: 800-257-4860 – Flex Benefits Department

Attach Voided Check Here