Please type or print all information.

BASIC

DIRECT DEPOSIT FORM

COMPLETE THIS FORM AND
FAX, MAIL OR SECURELY UPLOAD TO:

9246 PORTAGE INDUSTRIAL DR.
PORTAGE, MI 49024
F 269.327.0716
F 800.391.6562
https://upload.basiconline.com/?los=fsa

PARTICIPANT INFORMATION

Company Name: _____

Employee Last Name: _____

Employee First Name: _____

Last Four Digits of Social Security Number: _____

Date of Birth: _____

Email: _____

(Notification of direct deposit payment is sent via e-mail only)

REQUEST FOR DIRECT DEPOSIT (This option may not be available for all employers)

☐ I elect to participate (please do not fill out if you are already participating, unless you are changing accounts)

☐ checking account OR ☐ savings account

routing number account number check number

Financial Institution (name of bank): _____

Routing Number (always 9 digits): _____

Account Number: _____

PLEASE NOTE:

- *Direct Deposit may not be offered as a reimbursement option under your plan. For confirmation of availability, please check with your employer.*
- *By completing this form you are authorizing **all** benefit plan reimbursements to be sent via direct deposit*

I hereby authorize BASIC to electronically deposit my reimbursements for all benefits to the bank account provided. I understand BASIC does not control when funds will be made available by my bank. If a deposit is deemed ineligible after payment, I authorize BASIC to withdraw those funds electronically from my account.

SIGNATURE_____ **DATE** _____

Direct deposits will begin approximately 2 weeks after we receive this completed form.