



P.O. Box 1392
Addison, TX 75001-1292

Phone: (888) 483-1392
Fax: (888) 211-1392

Authorization Agreement for Direct Deposit

Name:	Phone #:
Social Security #:	
E-mail (for deposit confirmation):	

I hereby authorize Accuflex Services, Inc., to automatically deposit my checks eligible for direct deposit as indicated below and to initiate, if necessary, debit entries and/or adjustments for any credit entries in error to my account listed below.

My Account Number:	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Transaction Type:	Institution Name:
<input type="checkbox"/> New	City & State:
<input type="checkbox"/> Change	
<input type="checkbox"/> Cancel	Institution Transit #:

My Signature:	Date:
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1. Attach a voided check that includes the transit number and your account number.
2. Please contact your institution to verify the transit number and account number.

Note: Your reimbursement will not be available for Direct deposit until fourteen business days after we process this form. You will continue to receive checks until the pre-notification period has expired. Please call the Accuflex Claims department (888-483-1392) if you have questions.