

To All FSA Participants:

In effort to better serve you, we offer a Direct Deposit reimbursement option. For your convenience, we will deposit all FSA reimbursements directly into your bank account. Please complete this form, attach a voided check, and send to the address below. You may also fax your request, along with a copy of your voided check.

Via Mail
Benefit & Risk Management Services
Attn: Flex Spending Accounts
PO Box 6
Rancho Cordova, CA 95741

or **Via Fax**
866-410-0880

Please type or print all information

COMPANY/CLIENT NAME Samuel Merritt University – 10112			
EMPLOYEE NAME			
SOCIAL SECURITY NUMBER		PHONE NUMBER ()	
STREET ADDRESS	CITY	STATE	ZIP

Check one of the following:

- New Account Change Account Terminate Direct Deposit (Stop Here and Sign Below)

I authorize Benefit & Risk Management Services to initiate credit entries and, if necessary, debit entries to correct errors in the following bank account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. Law.

Please deposit my FSA reimbursements into the following bank account:

- Checking or Savings

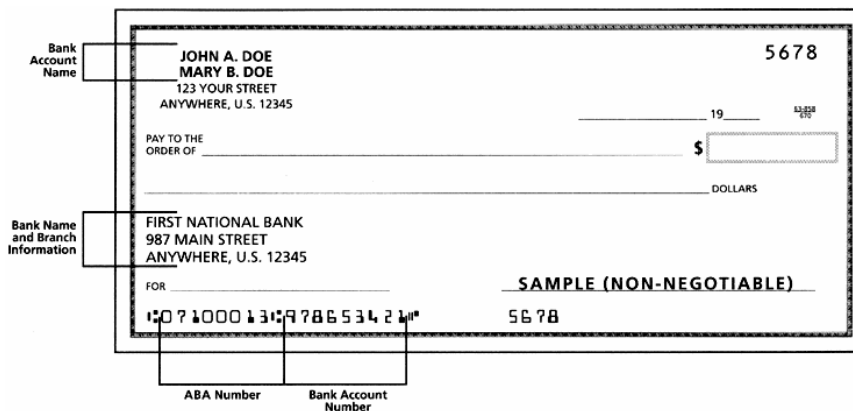
ABA/Routing Number* _____ Account Number _____

Name of Bank _____ Bank Phone Number _____

** Please include a voided check below or attach a letter from your bank stating the routing number*

I understand that this authorization replaces any previous authorization and will remain in full force until BRMS has received written notice of termination. Termination notices can take up to five (5) days to process.

Employee Signature	Date
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Bank Account Name: JOHN A. DOE, MARY B. DOE, 123 YOUR STREET, ANYWHERE, U.S. 12345

Bank Name and Branch Information: FIRST NATIONAL BANK, 987 MAIN STREET, ANYWHERE, U.S. 12345

ABA Number: 100013178653421

Bank Account Number: 5678

Check Amount: \$ 5678

FOR: SAMPLE (NON-NEGOTIABLE)