



Direct Deposit Form

If you would like to have your flexible spending account reimbursements deposited directly into your checking account, please complete and return this form to the Flex Department address located at the bottom of the page.

Name of Employer: _____ Phone: _____

Name of Employee (Last, First, M.I.): _____ Soc Sec #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is this a new address? Yes No

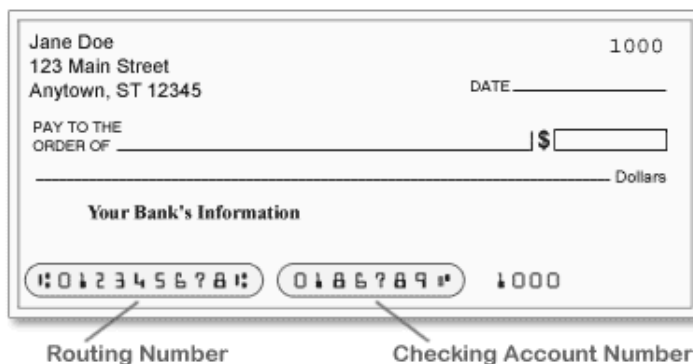
E-mail Address: _____

Bank name, routing, and account numbers from your check (please do not use your deposit form) must be included in order for your request to be processed.

Routing Number

Checking Account Number

Bank Name



I authorize American Fidelity Assurance Company (AFA) to initiate credit entries to my account as indicated. I also authorize AFA to debit my account for any deposits made in error. This authorization remains effective and in full force until AFA receives written notification from me of its termination in such time and in such manner as to afford AFA and the Depository a reasonable opportunity to act on it.

Please notify AFA immediately if your depository information has changed by sending notification to the address indicated below.

Fax this form to (844) 319-3668 or

Mail to:
American Fidelity Assurance Company
Flex Account Administration
P.O. Box 161968
Altamonte Springs, FL 32716

Signature

Date