

SECTION 125 FLEXIBLE BENEFIT PLAN DIRECT DEPOSIT ENROLLMENT FORM

Section I – Employee Information

EMPLOYER <div style="text-align: center; border-bottom: 1px solid black; margin: 5px 0;">TULARE COUNTY</div>			
EMPLOYEE	Last Name _____	First Name _____	EMPLOYEE SSN _____
Address _____		City _____	St _____ Zip _____
E Mail Address _____			
EMPLOYEE DOB (MM-DD-YYYY) _____-_____-_____		<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment	OFFICE USE ONLY _____ Effective Date

Instructions

1. Complete Section I — Employee Information. Fill this section out completely to ensure proper enrollment. Be sure to include your Employer, E Mail Address, Date of Birth (DOB) and enrollment status.
2. Complete Section II — Elections. Indicate the method of Direct Deposit you will enroll in.
Attach voided check, or copy of check to this Form for Checking Account Direct Deposit. The numbers on the bottom of your check will be used by Administrative Solutions, Inc. to make the electronic funds transfer of your FSA amounts to your checking account.
3. Complete Section III — Signature. Return the enrollment form to the appropriate contact.

Section II – Elections

<p style="text-align: center;">Direct Deposit</p> <p>Reimbursements are electronically deposited into your bank account</p>	<input type="checkbox"/> Begin deposits <input type="checkbox"/> Cancel deposits	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing # _____ Account # _____ Bank Name: _____
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This election will remain in effect until I give written notice to Administrative Solutions, Inc. either to change or terminate this authorization. I hereby authorize and direct Administrative Solutions, Inc. to initiate deposits (and/or corrections to previous deposits) to the financial institution indicated above.

Section III – Signature

<input type="checkbox"/> YES, the above processes have been explained to me and I elect to participate as indicated.	<input type="checkbox"/> NO, the above processes have been explained to me and I decline participation.
X _____ Employee Signature	_____ Date

Direct Deposit

- All electronic funds transfers (EFT) will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account. A Direct Deposit Notice will be mailed to your home address as confirmation after each Deposit.
- Returned items due to incorrect banking information will be assessed a \$25.00 fee.

Completed direct deposit form must be returned to:

Administrative Solutions, Inc.

ADMINISTRATIVE SOLUTIONS, INC.

P. O. Box 5809, Fresno, CA 93755

555 W. Shaw Ave., Suite C-1 Fresno CA 93704

TELEPHONE (559) 256-1320 FAX (559) 256-1321