



DIRECT DEPOSIT AUTHORIZATION AGREEMENT
Flexible Spending Accounts – FSA

Participant Name: _____ Company Name: _____

I hereby authorize M&I Institutional Trust Services to directly deposit all Flexible Spending Account reimbursements to the financial account indicated below. I verify that this is a personal account and that I am listed as an owner. I authorize credit entries and, if necessary debit entry adjustments for any credit entries made in error to my account.

Intent of this authorization agreement is to:

Set-up a Direct Deposit **Change** a Current Direct Deposit **Cancel** Direct Deposits

Checking Account

****An Actual Voided Check must be attached****

*This form will not be processed without a voided check,
deposit tickets are not accepted*

Savings Account ****Please contact your financial institution for appropriate account and routing numbers. Routing numbers listed on deposit slips are NOT suitable for setting up direct deposit. Attach a document from your financial institution indicating the required account information****

I understand that:

- Reimbursements cannot be made to third parties or business accounts
- This authorization will remain in full force until M&I Institutional Trust Services receives written notification for termination
- M&I Institutional Trust Services is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in my account
- It is my responsibility to verify the funds are in my account before I expend them
- Direct deposit transactions are initiated the same day reimbursement checks are issued but it may take up to two (2) business days after that date before my financial institution credits my account

Participant Signature: _____ **Date:** _____

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

Mail or fax the completed form:

Mailing Address: M&I Institutional Trust Services
PO Box 2517
Appleton, WI 54912-2517

Fax: 888-244-2759
M&I Client Service: 800-236-3539
Miwebflex.com