



Flexible Benefits
Direct Deposit
Authorization Agreement

Instructions for Direct Deposit

- ▶ Please print or type all information.
- ▶ Your Employee Number can be found on your participant website at www.mgmflex.com.
- ▶ For checking accounts, attach a copy of voided check for the account listed. Manual request forms will not be processed without a voided check.
- ▶ Fax this form along with the appropriate check documents to (800) 973-3702.

Employee Information

Employer Name			Date
Last Name	First Name	MI	Employee Number
Mailing Address		City	State Zip
Email Address <i>(Please print clearly - You will receive important emails regarding claims and payments on your Flexible Plan Accounts)</i>			Contact Phone Number
Employer Name			

John Public	1234	
123 Main Street		
Your Town, TX 12345	_____ 20 _____	
Pay to the order of _____ \$ _____		
_____ Dollars		
Bank Name		
Routing Number	Account Number	Check Number
:123456789:	000123456789	1234

Bank Account Information

Bank Name	Bank Account Number	Bank Routing Number
Bank Address	City	State Zip
Name on Bank Account	Please Check One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Acknowledgement: I authorize reimbursements from my Section 125 Health FSA and/or Dependent Care FSA to be sent to the financial institution as indicated on this Direct Deposit Authorization Agreement to be deposited in the designated account. In the event funds are deposited erroneously into my account, I authorize my MGM Benefits Group to debit my account(s) not to exceed the original amount of the credit. This authority is to remain in full force and effect until MGM Benefits Group has received written notification from me to terminate this agreement.		

 Authorized Signature

 Date Signed

MGM Benefits Group