

## **Direct Deposit Authorization Form**

Employer Name:		
Employee Name:		
Name on Bank Account:		
Employee Address:		
Employee Email:		
	rision of RPS Plan Administrators, Inc ries and adjustments for any entries i	
Account Number Information		
ABA Transit Routing Number		
This account is a:		
☐ Checking Account: pleas referenced account.	se attach to this form a <u>copy</u> of a v	oided check for the above-
☐ Savings Account: please account.	attach to this form a deposit slip	for the above-referenced
These entries will be posted to the conjunction with the administration	ne above account as part of my contract on the cafeteria plan.	act with 24hourflex.com in
Employee's Signature		Date
Name of Bank or Financial Ins	stitution	
Address of Bank or Financial I	Institution	
Phone Number of Bank or Final	nancial Institution	