



DIRECT DEPOSIT AUTHORIZATION FORM

You have 2 options to request
Direct Deposit:

1. FILL OUT FORM

Fill out this form and return to
Surency by either email, fax, or
mail.

2. MEMBER ACCOUNT AT SURENCY.COM

Log into your Member Account at
Surency.com to set-up direct deposit
immediately.

Employer Information

Employer

Plan Year

Employee Information

Employee Name (Last Name, First Name, MI) (Please Print)

Social Security Number

Bank Information

Bank Name

Checking Savings

Bank Routing Number

Adding Direct Deposit

Changing the Account

Bank Account Number

Authorization

I authorize the direct deposit of funds reimbursed from my Pre-tax Accounts into the bank account specified above. Surency will continue to use this as my "Account of Record" until notified, in writing, to discontinue use of the account. I understand that direct deposit will continue automatically into each new Plan Year unless I notify Surency, in writing, of a change. I authorize my bank account to be debited for any reimbursements sent in error or claims denied after reimbursement. I certify that I have read, and understand, the information on the Authorization form.

Signature

Date

****Attach a voided check for a checking account.****

Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773

866-818-8805 | Surency.com