

Direct Deposit Form

If you would like to have your flexible spending account reimbursements deposited directly into your checking account, please complete and return this form to the Flex Department address located at the bottom of the page. All information, *excluding your signature*, can be completed on-line. Please be sure that you have signed the completed form before sending it.

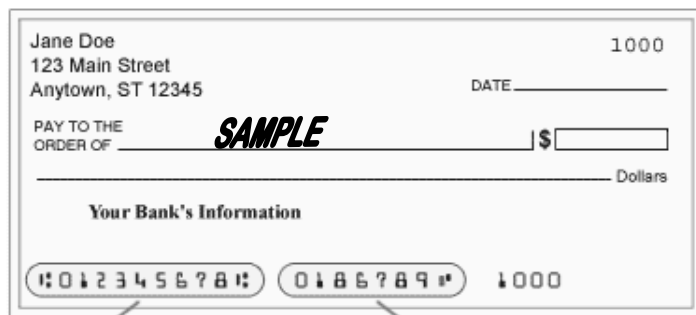
Name of Employer:			Daytime Phone:
Name of Employee (Last, First, M.I.):			Social Security #:
Address:	City:	State:	Zip Code:
Is this a new address?			
E-mail Address:			

Bank name, routing, and account numbers from your check (please do not use your deposit form) must be included in order for your request to be processed.

Routing Number

Checking Account Number

Bank Name



Routing Number

Checking Account Number

I authorize American Fidelity Assurance Company (AFA) to initiate credit entries to my account as indicated. I also authorize AFA to debit my account for any deposits made in error. This authorization remains effective and in full force until AFA receives written notification from me of its termination in such time and in such manner as to afford AFA and the Depository a reasonable opportunity to act on it.

Please notify AFA immediately if your depository information has changed by sending notification to the address indicated below.

Fax this form to (800) 543-3539 or

Mail to:
American Fidelity Assurance Company
Flex Account Administration
P.O. Box 25510
Oklahoma City, OK 73125-9889

Signature

Date