



CoreFlex

DIRECT DEPOSIT FORM

Customer Service: 1-877-267-3359

Fax: 501-221-9074

EMPLOYEE INFORMATION		
Social Security Number	Name (Last, First, M.I.)	Company Name
*E-mail address:	Type of Transaction (Check only one)	
Phone Number:	<input type="checkbox"/> Enroll	
*For EOB's via email	<input type="checkbox"/> Change	
	<input type="checkbox"/> Cancel	

BANKING ACCOUNT INFORMATION FOR DIRECT DEPOSIT		
Bank Transit Routing Number (9 digit number)	Bank Account Number	Account Type
		<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings
I hereby authorize CoreSource to initiate deposits to my account shown above. This authorization will remain in effect until revoked in writing from me or until my participation in the Flexible Spending Account has terminated.		
Employee's Signature	Date	

Attach a voided check for checking account

Please complete and return to CoreSource at the address below :

**CoreSource
P.O. Box 8215
Little Rock, AR 72221**