

**Direct Deposit Authorization**

*Flexible Spending Account OmniFlex Plan*

Your Flexible Spending Account reimbursements are available through Direct Deposit! If you sign up for FSAs, please complete this form to participate.

Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

**PREARRANGED "DIRECT DEPOSIT"  
AUTHORIZATION AGREEMENT**

I hereby authorize Omni Group, LLC to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries to my Personal Bank Account in the financial institution named below (hereinafter *Financial Institution*) to credit and/or debit the same to such respective accounts.

Please tape a **Voided Check** (not deposit slip) here.

*A voided check supplies the account numbers  
and routing number information required by the bank  
to establish your Direct Deposit arrangements.*

*(Deposit Slips sometimes do not include all needed information)*

**Type of Account**                       **Checking**                       **Savings**

This authority is to remain in full force and effect until Omni Group has received written notification from me of its termination in such time and manner as to afford Omni Group and Financial Institution a reasonable opportunity to act on it. I can discontinue this arrangement at any time and receive reimbursements by check.

I acknowledge that my Flexible Spending Account (FSA) information will be available to me 24 hours per day by internet @ ([www.omni125.com](http://www.omni125.com)) and that I will not receive written verification each time a reimbursement payment is made.

\*Available to MBI Benefit cardholders only.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_