

Mail or Fax to:
OMNI Group, LLC
9613 Brookline Ave.
Baton Rouge, LA 70809
Fax: (888) 926-6428

Employee

Direct Deposit Authorization
Flexible Spending Account with Omni Group, LLC

Your Flexible Spending Account reimbursements are available through Direct Deposit! If you sign up for the FSA and/or Dependent Care (daycare), please complete this form to participate.

Employer: _____

Employee Name: _____

Last 4 digits of SSN: _____ E-mail address: _____

Phone # (daytime): (____) _____ - _____ Ext.: _____

(This number is: ___ work ___ cell ___ home)

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 or provide the following information:

Bank Name: _____

ACH/Routing #: _____

Account #: _____

Type of account (check one): ___ Checking ___ Savings

(Please include all leading "0" 's on the account # and verify that all info is correct!)

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 understand that my employer may require direct deposit in order to receive reimbursement.

Signature _____ Date _____

FAX TO: (888) 926-6428 OR (225) 926-6428!