

# Direct Deposit Option Form

This form allows you to sign up to have your reimbursement directly deposited into your bank account without going through the secure direct deposit validation process. A participant services representative will contact you, so that you can review and verify that the manual entry of your bank account details are accurate before we can release any pending reimbursements.

## INSTRUCTIONS

1. **Complete** all sections of this form. Remember to sign and date the bottom of this form.
2. **Submit** this completed form to Igoe Administrative Services for review by replying to the secure email our participant services representative used to send you this form.
3. **Verify** that the bank account details are correct by replying in writing to the entry validation email you will receive from a participant services representative.
4. **Questions?** Please contact participant services at flex@goigoe.com, 1-800-633-8818, Opt# 1.

## Section A: About You \*(All information is REQUIRED. Please print clearly)

Employer Name

Employee Name

Employee Number (If Applicable)

Home Address  Please check if this is a change in address

City

State

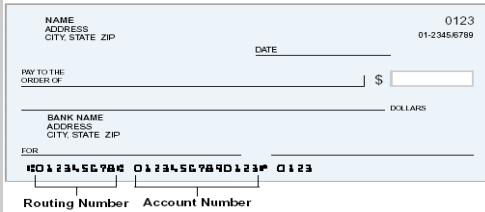
Zip

E-mail Address

Phone Number

## Section B: Account Information

Please use sample check image below as reference to locate where your routing and checking account number can be found.



Name of Financial Institution

Checking Account Number

Bank Routing number

## Section C: Authorization \*REQUIRED (PLEASE SIGN AND DATE)

I hereby authorize Igoe to manually bypass the direct deposit validation process and enter my financial information on my behalf. I understand that I will need to verify accurate entry in writing once prompted by a participant services representative before reimbursements will be sent to me in the form of a direct deposit. I also understand that I am assuming all risk associated with transmitting my financial information to Igoe as Igoe has warranted that it cannot protect data in motion to its organization but will protect such data once received.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_