MidAmerica
Administrative & Retirement Solutions, Inc.

Section 125 Flexible Spending Account (FSA)

Account Authorization for Direct Deposit

Your health care and dependent care expense reimbursements may be deposited directly into your account or joint account with your spouse at your bank or other financial institution. To sign up, please complete the top section of this form, date and sign, and have your bank complete the bottom section of this form. **You must attach a voided check to this form for processing.**

Your Employer: _____

EMPLOYEE INFORMATION:	
Name:	Social Security Number:
Street Address:	
City:	E-mail address:
State/Zip:	

AUTHORIZATION:

I authorize MidAmerica Administrative & Retirement Solutions, Inc. to deposit my health care and/or dependent care expense reimbursements directly into my account until I give further written notice to MidAmerica.

_____ _____

Your signature Date

BANK ACCOUNT INFORMATION:	
Bank Name:	Bank Address:
Account Type: (check one) ____ Checking ____ Savings	Bank Telephone Number: ( )

Transit Routing Number

Account Number

Type of transaction (check one):

- ☐ New request for Direct Deposit
- ☐ Change current Direct Deposit information
- ☐ Cancel Direct Deposit

Please forward this completed form (and, remember to attach a voided check) to:

MidAmerica Administrative & Retirement Solutions, Inc.
DEPT: 125ADMIN
211 East Main Street, Suite 100
Lakeland, FL 33801