



# FSA direct deposit option

convenient reimbursement

Did you know that you have the option to receive your FSA reimbursements electronically? That's right...You can choose to have your FSA reimbursements conveniently deposited directly into the checking or savings account of your choice. This added service will eliminate the hassle and time of receiving paper reimbursement checks by mail.

To sign up for direct deposit, simply complete the form below and return it to Gilsbar, the administrator of your FSA plan. By signing this agreement, you are authorizing Gilsbar and your financial institution to deposit your reimbursements into the designated checking or savings account.

- Fill out the form completely, including the participant's name, Social Security number, e-mail address, employer name, and the name and location of the financial institution.
- Include the appropriate nine digit Routing/Transit number and account number of the bank account that you wish to have FSA reimbursements deposited into. Mark the appropriate box to indicate whether the reimbursements will be deposited to a checking or savings account.
- Mail or fax the completed form to:  
Gilsbar, Inc. ATTN: Claims Department, P.O. Box 965, Covington, LA 70434  
Fax: (985) 871-1855

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## Section 125 Authorization Agreement - For Automatic Deposits (ACH Credits)

Employer Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_  
Participant Social Security #: \_\_\_\_\_ Participant Email Address (required): \_\_\_\_\_

I hereby authorize Gilsbar, Inc. to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Gilsbar, Inc. to my account. In the event that Gilsbar, Inc. deposits funds erroneously into my account, I authorize Gilsbar, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

Bank Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Transit/ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_  Checking ?  
Savings

This authorization is to remain in force and effect until Gilsbar, Inc. has received written notification from me of its termination in such time and in such manner as to afford Gilsbar, Inc. and the Bank a reasonable opportunity to act on it.

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