



Professional Benefits Services, Inc.

Introducing direct deposit services for all Health Care and Dependent Care Flexible Spending Account (FSA) Reimbursements

Using our direct deposit program for Flexible Spending Account (FSA) reimbursements helps avoid lost or stolen checks, mail delays, and unnecessary trips to your bank. Most important, with direct deposit, your money will be there for you when you need it most.

ADVANTAGES

- Direct deposit is free.
- You get your payments faster.
- Your banking time is shortened.
- Direct Deposit can become effective in as few as ten business days.

Once you complete the enrollment form, please either:

- Fax to (616) 285-0701
- E-mail to jalexander@professionalbenefits.net
- Mail to: Professional Benefits Services

Attn: Jodi Alexander
2959 Lucerne, SE Ste #205
Grand Rapids, MI 49546

IMPORTANT INFORMATION

- Direct deposit is entirely voluntary. If you prefer to receive your reimbursement checks by mail, please disregard this notice and enrollment form.
 - Direct deposit can be stopped at any time by 1) calling (800) 732-3412 X 111, 2) e-mailing jalexander@professionalbenefits.net or 3) faxing to 616-285-0701 with a note to cancel. Your direct deposit will be cancelled before Oakland's next reimbursement check run.
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Professional Benefits Services, Inc.

Direct Deposit Enrollment Form for FSA Participants with:

Oakland County

I authorize Professional Benefits Services to initiate credit entries and, if errors occur, I authorize the correction of entries to my account as indicated. This authorization is to remain in force until I terminate it in writing.

CHECK ONE: Initial Set-Up Change

TYPE OF ACCOUNT (Select One Only) Checking Savings

BANK ROUTING/ABA #: _____
(This is the nine digit number located at the bottom, far left, of your checks. Check with your bank for the correct number for a savings account deposit.)

BANK ACCOUNT #: _____

BANK NAME: _____

BANK BRANCH (City, State): _____

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____

PARTICIPANT DAYTIME PHONE #: _____

SOCIAL SECURITY #: _____

AUTHORIZED ACCOUNT SIGNATURE: _____

Please send email notices of my Flexible Spending Account reimbursements by direct deposit to the following address:

E-MAIL ADDRESS: _____

ADDITIONAL INFORMATION

1. Complete and sign this authorization form.
2. Fax the signed form to (616) 285-0701, e-mail it to jalexander@professionalbenefits.net or mail it to:
Professional Benefits Services
Attn: Jodi
2959 Lucerne, SE Ste #205
Grand Rapids, MI 49546
3. After your claim is paid, direct deposits take only 1-2 days to reach your bank.
4. Allow approximately 10 business days for direct deposit to become effective.
5. You will receive notice from PBS that a deposit has been made by e-mail (if authorized above) or by regular mail.
6. Notify PBS immediately if you change financial institutions.

If you have any questions, please call us at (800) 732-3412 or e-mail us at jalexander@professionalbenefits.net.