

FSA Direct Deposit Request Form



Please complete this form and return it to Kazdon, Inc.

1. Personal Information

Employee Name (First Name, Last Name) _____ Company Name _____

Street Address, City, State, Zip _____ No Yes
Address Change?

Current Date _____ Social Security Number _____ Email Address (for claim payment notification) _____

2. Direct Deposit Request

Your Financial Institution _____ Checking Account Savings Account
Account Type

Financial Institution Address _____

Routing Number _____ Account Number _____

3. Employee Signature

I (We) authorize Kazdon, Inc to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature _____ Date _____

4. Voided Check

Attach a blank voided check here.

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.

Please return to Kazdon, Inc.