

THE CLAREMONT COLLEGES FLEX PLAN

Authorization Agreement for Automatic Direct Deposit FSA Expense Reimbursement

Use this Form to either; Enroll in Flex Direct Deposit, Change of financial Institution, or Cancellation of Direct Deposit Authorization.

Please complete all requested information. To enroll or to make a change to an existing agreement, you must attach a voided check which includes all of your banking information.

Please check one of the following:

- Enroll in Flex Direct Deposit*
- Change in financial Institution*
- Cancel Flex direct Deposit authorization*

I hereby authorize PACIFIC ADMINISTRATORS (PA) and my Financial Institution, as indicated on the attached voided check, to initiate entries into my checking account. In the event that the Financial Institution is notified by PACIFIC ADMINISTRATORS that funds to which I am not entitled to have been deposited to my account, PA will first notify me by telephone, and then in writing before the funds are removed from my account.

This authorization may be terminated within 30 days upon giving written notice of its termination from me to PACIFIC ADMINISTRATORS.

Attach Voided Check Here!

Name of Financial Institution

Account Number

Signature

Date

Last Name

First Name

M. I.

THE CLAREMONT COLLEGES

College Location

Please Note: To assure prompt and accurate processing of your request, return this for to your benefit office, or mail to:

*PACIFIC ADMINISTRATORS, Lori Lopez
6180 Quail Valley Court, Riverside, CA 92507
tel: 909/656-9273 Ext. 216 or 800/427-4549 www.pacificbenefit.com*

Applications received without a voided check cannot be processed.
Deposit slips are not acceptable.