



Horizon Blue Cross Blue Shield of New Jersey

Horizon Blue Cross Blue Shield of New Jersey
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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT FLEXIBLE SPENDING ACCOUNT PROGRAM

Yes, please sign me up for FSA Direct Deposit. I hereby authorize **Horizon Blue Cross Blue Shield of New Jersey** to initiate deposit to the bank account indicated below. I authorize credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to my account.

Company Name: _____

Name: _____ ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email Address: _____

<p>CHECK ONE: <input type="checkbox"/> Initial Application <input type="checkbox"/> Change <input type="checkbox"/> Cancel</p> <p><i>*Attach voided check or deposit slip to this application</i></p>

_____	_____	_____
Transit ABA Routing #	Account Number	Account Type (Checking/Savings)

Name of Bank: _____

Bank Address: _____

Please Print Your Name

Signature

Date

This authorization will remain in effect until I have given written notice of its termination or until my employer has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed.