

- New Enrollment
- Account Change

**FLEXIBLE SPENDING ACCOUNT  
AUTHORIZATION AGREEMENT  
FOR DIRECT DEPOSIT**

I am currently participating in the Flexible Benefits Plan, Health Care and/or the Dependent Care Spending Account(s) and would like my checking or savings account to be on file for claim reimbursements to be deposited directly. I understand that this process will take up to 10 business days from the date Gilsbar receives this form for this enrollment/change to become effective.

Employer Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Social Security #: \_\_\_\_\_

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.

Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please change my account to:

Transit/ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_  
(Please provide the Transit/ABA number that is on your check, not on the deposit slip. You may also attach a voided check below.)

- Checking       Savings

This authorization is to remain in full 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: \_\_\_\_\_

Mail or fax your completed form to:  
Gilsbar, Inc.  
Attn: Flex Department  
P.O. Box 965  
Covington, LA 70433  
Fax: 985-871-1855

Memo \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

⑆ 123456789⑆ 123456789⑆ 0101

Transit/ABA #  
(A 9 digit number always between  
these two marks)

Checking Account #