



# Direct Deposit Authorization

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

Soc. Sec. Num.: \_\_\_\_\_

Employee: \_\_\_\_\_

Address: \_\_\_\_\_

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

Work Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

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I wish to receive my flexible spending account reimbursements by Direct Deposit. I hereby authorize Application Software Inc. (ASI) to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated below and to credit the same to such account. If necessary, ASI may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until ASI has received written notification from me of its termination in such time as to afford ASI and my bank a reasonable opportunity to act on it.

Your bank's name: \_\_\_\_\_

Bank's Routing #: \_\_\_\_\_

Your Account #: \_\_\_\_\_

Type of account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions call 442-3035 (Columbia, MO) or 1-800-659-3035 or e-mail us at [asi@asiflex.com](mailto:asi@asiflex.com).

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## Direct Deposit Account Verification

Please attach a void check or a copy of a check in this area so that we may verify your routing and account numbers. Mail to:

Or fax to (573) 874-0425



P. O. Box 6044  
Columbia MO 65205-6044