

Direct Deposit Form

If you would like to have your flexible spending account reimbursements deposited directly into your checking account, please complete and return this form to the AFES Flex Department address located at the bottom of the page. All information, *excluding your signature*, can be completed on-line. Please be sure that you have signed the completed form before sending it.

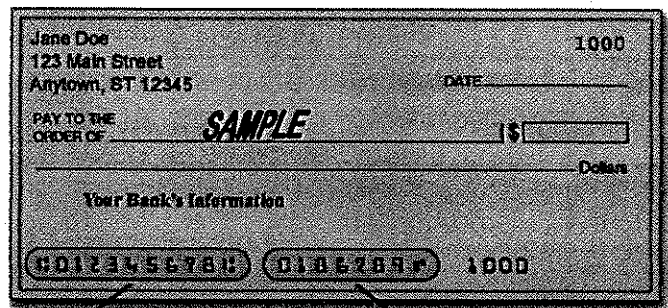
Name of Employer:			Daytime Phone:
Name of Employee (Last, First, M.I.):			Social Security #:
Address:	City:	State:	Zip Code:
Is this a new address? <input type="checkbox"/>			
E-mail Address:			

Bank name, routing, and account numbers from your check (please do not use your deposit form) must be included in order for your request to be processed.

Routing Number

Checking Account Number

Bank Name



Routing Number

Checking Account Number

I hereby authorize American Fidelity Assurance (AFA) Company to make deposits into my checking account. I also authorize AFA to make withdrawals from this account in the event that a credit entry is made in error.

This authority is to remain in full force and effect until AFA has received written notification from me of its termination in such time and such manner as to afford AFA and my financial institution a reasonable opportunity to act on it.

Fax this form to (800) 543-3539 or

Mail to:
American Fidelity Assurance Company
AFES Flex Account Administration
P.O. Box 25510
Oklahoma City, OK 73125-9889

Signature

Date