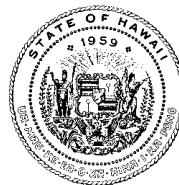


State of Hawaii Island Flex Flexible Spending Accounts (FSA) Direct Deposit Request Form



1 Personal Information

State of Hawaii

Employee Name (First Name, Last Name)

Company Name

Street Address, City, State, Zip

XXX – XX

☐ No ☐ Yes
Address Change?

Current Date

SSN (last 4 digits only)

Email Address (for claim payment notification)

2 Direct Deposit Request

Your Financial Institution

☐ Checking Account ☐ Savings Account
Account Type

Financial Institution Address

Routing Number

Account Number

3 Employee Signature

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature

Date

4 Voided Check

Attach a blank voided check here.

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.

Please return to:

National Benefit Services, LLC
P.O. Box 219393
Kansas City, MO 64121-9393
Fax (844) 438-1496

service@nbsbenefits.com

NOTE: You may also submit this direct deposit form with your enrollment form.