ASSOCIATED ADMINISTRATORS, INC.

King County FSA Reimbursement Direct Deposit Request Form

Associated Administrators, Inc.
1.800.334.4340
E-mail flex@aai-tpa.com

PO Box 3199
Mail Station B-20F
Portland OR 97208-3199

King County Benefits & Well-Being
206.684.1556
E-mail kc.benefits@metrokc.gov

Yesler Building YES-HR-0500
400 Yesler Way
Seattle WA 98104-2683

Authorization for Reimbursement Direct Deposit

Name		Social Security Number
Street or PO Box		Daytime Phone
City	State	ZIP

Depository Information

Financial Institution		
Account Number	Branch	
City	State	ZIP
Type of Account ☐ Checking ☐ Savings		

I wish to have my health care and/or dependent care reimbursements deposited directly to my checking or savings account designated above. I hereby authorize Associated Administrators, Inc. (AAI) to originate an electronic credit transaction to my bank or credit union account as indicated above and to credit the same to such account. If necessary, AAI 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 the end of the current calendar year or my participation in King County's plan terminates and AAI is afforded a reasonable opportunity to act on it.

Signature _____ **Date Signed** _____

Note: Due to Automated Clearing House (ACH) procedures for initiating automatic deposits, the deposit does not occur until all testing of accounts is completed.

For direct deposit verification attach a:

? **VOIDED CHECK** for automatic deposit to your checking account

? **SAVINGS ACCOUNT DEPOSIT SLIP** for automatic deposit to your savings account.

Return this form (do not fax) to:

? **KING COUNTY BENEFITS & WELL-BEING** with your enrollment form if you're enrolling in an FSA for the first time

? **AAI** if you're already enrolled in an FSA but are authorizing direct deposit for the first time or changing previously authorized direct deposit.