RIGHT PLANS RIGHT NOW
FLEX RIGHT

Direct Deposit Authorization

Please complete this form and mail or fax it to FlexRight, 4409 Parkbreeze Court, Orlando, FL 32808 - Fax: 866-865-FLEX

❒ New ❒ Change Account Information ❒ Cancel Authorization

Employer Name _____

Your Name _____ Soc.Sec. # ☐☐☐-☐☐-☐☐☐☐

I hereby authorize Workable Solutions, Inc. to make deposits to the checking or savings account indicated below for purposes of reimbursing FlexRight qualified expenses and authorize the bank named below to credit the same to my account. I also authorize Workable Solutions, Inc. to make withdrawals to adjust an incorrect deposit or credit entry that may be made under this Authorization.

Bank/Institution Name _____ Acct. Type: ❒ Checking ❒ Savings

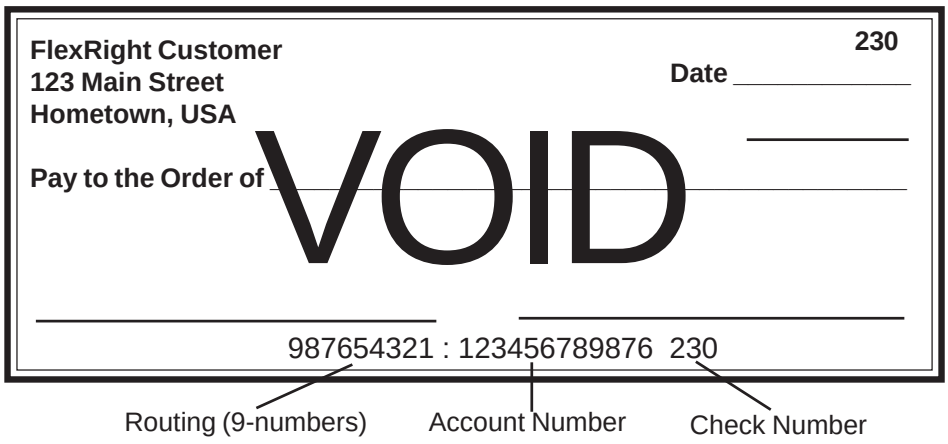
Bank Routing Number ☐☐☐☐☐☐☐☐☐
(Must be 9-digits)

For checking accounts, attach a voided check. (See below.)

Your Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Your Signature _____ **Date** _____

Sample Check



If you are using a checking account, please attach a blank check and write the word "VOID" across the front. We will use this to verify your banking information. If you are using a savings account, please verify the account number as it appears on your statement. Some banks use a separate routing number for electronic transactions. Please verify the correct routing number with your bank to avoid delays in receiving your reimbursements.

Attach blank check here.