

assureflex

health spending account

the evolution of health and dental care benefits ©

Direct Deposit Request


Assureflex Corporation
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Version 201201



Listing of Employees selecting Direct Deposit Option
 please Print clearly or Type, and use additional Pages if needed

	Last Name	First Name	Initials	Personal Email Address for Direct Deposit Notifications
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____
21.	_____	_____	_____	_____
22.	_____	_____	_____	_____
23.	_____	_____	_____	_____
24.	_____	_____	_____	_____
25.	_____	_____	_____	_____

note Employees have the option of Claims Payments by Cheque or Direct Deposit.
 There is a \$1.50 charge (deducted from each Claim Payment) for Direct Deposit.

Employer Invoice Options

- [] Monthly email Invoice from Assureflex, and payment by Cheque from Employer.
- [] Monthly email Invoice from Assureflex, and payment by Electronic Funds Transfer.

note Employers have the option of Invoice Payments by Cheque or Direct Payment.
 There is no charge for Employer's Direct Payment by Electronic Funds Transfer.