McGriff Insurance Services

Direct Deposit Authorization Form

Use this form to authorize direct deposit from your flexible spending account (FSA) or health reimbursement account (HRA). Direct deposits will post to the account you designate within two business days of your plan's payment processing.

Mail: McGriff Flexible Benefit Services
Flexible Reimbursement
PO Box 6400
Greenville, SC 29606-5035

Fax: 1-252-293-9048 or 1-252-293-9049

Email: flexclaims@mcgriffinsurance.com

Please print the following Account Holder Information

Your Employer's Name _____
Account Holder Name_____
Social Security Number_____
Daytime Phone Number _____
Email Address _____

Bank Account Information
Bank Name_____
Bank Address City _____
State_____
ZIP_____
Routing Number_____
Account Number _____

Type of Account □ CHECKING or □ SAVINGS (Please check one)

Authorization
I hereby authorize McGriff Flexible Benefit Services to initiate credit entries to the account indicated. I further authorize McGriff Flexible Benefit Services to initiate, if necessary, debit entries and adjustments to correct any credits entered in error. This authorization replaces any earlier or previous requests and will remain in force until McGriff Flexible Benefit Services receives written notification from the account holder of its termination.

Account Holder's Signature_____Date_____

This form must be signed and include a copy of a voided check