



Please type or print all information.

**BASIC**

**DIRECT DEPOSIT FORM**

COMPLETE THIS FORM AND  
FAX, MAIL OR SECURELY UPLOAD TO:

9246 PORTAGE INDUSTRIAL DR.  
PORTAGE, MI 49024  
F 269.327.0716  
F 800.391.6562  
<https://upload.basiconline.com/?los=fsa>

**PARTICIPANT INFORMATION**

Company Name:

Employee Last Name:

Employee First Name:

Last Four Digits of Social Security Number:

Date of Birth:

Email:  
(Notification of direct deposit payment is sent via e-mail only)

**REQUEST FOR DIRECT DEPOSIT** (This option may not be available for all employers)

I elect to participate (please do not fill out if you are already participating, unless you are changing accounts)

checking account OR savings account



routing number    account number    check number

Financial Institution (name of bank):

Routing Number (always 9 digits):

Account Number:

**PLEASE NOTE:**

- Direct Deposit may not be offered as a reimbursement option under your plan. For confirmation of availability, please check with your employer.
- By completing this form you are authorizing **all** benefit plan reimbursements to be sent via direct deposit

I hereby authorize BASIC to electronically deposit my reimbursements for all benefits to the bank account provided. I understand BASIC does not control when funds will be made available by my bank. If a deposit is deemed ineligible after payment, I authorize BASIC to withdraw those funds electronically from my account.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Direct deposits will begin approximately 2 weeks after we receive this completed form.