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Mail: P.O. Box 981156, El Paso, TX 79998-1156

## The fastest, most secure way to receive your reimbursement!

Former Employer Name	Social Security Number
Account Holder Name – Last	_FirstMiddle
Financial Institution/Branch	
City	_StateZip
Bank Routing Number	Account Number
I would like to: (Select one)	Account Type: (Select one)
authorize a new direct deposit	Checking
change an existing direct deposit	□ Savings
cancel an existing direct deposit	

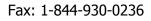
I hereby authorize PayFlex Systems USA, Inc. on behalf of OneExchange to initiate credit or debit entries to my account with the Financial Institution indicated above. This authority is to remain in full force and effect until OneExchange has received written notification from me of its termination in such time and in such manner as to afford OneExchange and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement plan.

Account	Holder	Signature
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Date

Include a voided check for checking accounts or a savings account slip for savings accounts. This form cannot be processed without this information.

John Q. Smith 100 Maple Lane		g	9999	Direct deposit can also be
Home Town, USA 12345		Date		setup by logging into your
				online account at
Pay to the order of		\$		Medicare.OneExchange.com or
Home Town Bank		Dollars		over the phone by calling
100 Main Street				OneExchange.
Home Town, USA 12345				
12345678909874	1234567890987	9999		
Bank Routing Number	Account Number	Check Number		<u>-</u>



from Towers Watson