Begin receiving claim payments by ACH immediately! Sign up online at www.conexis.com.

By completing this document, you authorize CONEXIS to credit your bank account for the dollar amount of the eligible and approved claims submitted against your Reimbursement Accounts.

Employee Information

Employer Name _____

Employee Name _____ Account Number / SSN | | | | | | | | | |

A Valid E-mail Address is Required for Direct Deposit:

E-mail Address | | | | | | | | | | | | | | | | | | | | | | | |

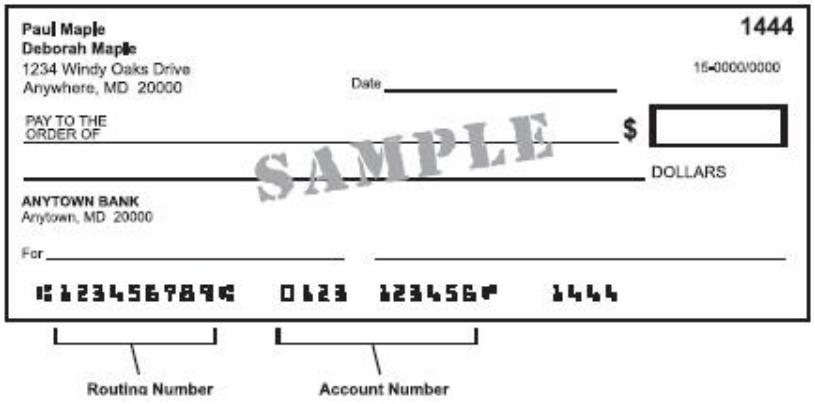
Banking Information

Type of Account: ☐ Checking Account ☐ Savings Account

Routing/ABA No. | | | | | | | | | |
(see sample check below to locate number)

Account Number | | | | | | | | | |
(see sample check below to locate number)

Please glue or tape a voided check from your account here. (Do not staple.)



I (We) hereby authorize CONEXIS to initiate credit entries to my (our) account as listed here. This authorization is for deposit of the dollar amount of eligible and verified claims submitted against my (our) reimbursement account plan. I (We) further authorize CONEXIS to reverse any credit entry made in error to my (our) account at the above named DEPOSITORY.

This authorization is to remain in full force and effect until CONEXIS has received notification via the Web site or in writing from me (or either of us) of its termination in such time and in such manner as to afford CONEXIS and DEPOSITORY a reasonable opportunity to act on it. CONEXIS may terminate this option at any time, as authorized by applicable law. I understand that this is for the reimbursements from my employer-sponsored reimbursement account plan.

All other terms and conditions of my (our) insurance coverage remain as explained in the policy notification(s) previously provided to me (us).

_____ _____

Employee Signature Date

Submit to CONEXIS Flexible Benefits Services:

By Fax: (877) 353-2948 (Allow 5 days for processing)

By Mail: P.O. Box 226101 (Allow 15 days for processing)
Dallas, TX 75222

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