



Direct Deposit Request Form

Personal Information	Company Name: _____	
	Employee's First Name: _____	Employee's Last Name: _____
	Last 4 of Social Security Number: _____	
	Mailing Address: _____	Check here if new address: <input type="checkbox"/>
	City: _____	State: _____ Zip Code: _____
	email Address: _____	
Direct Deposit Request	Name of your Financial Institution: _____	
	Financial Institution Address: _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
	Bank Routing Number (9 digits): _____	Your Account Number: _____
	IMPORTANT: Please attach a voided check, not a deposit slip (only for savings accounts are deposit slips acceptable).	
	I (We) authorize Bene-Flex Hawaii, Inc. to initiate credit entries and if necessary debit entries adjustments for any credit entries made in error to my (our) account indicated above and the financial institution named above.	
Attach a voided blank check	<div style="border: 2px dashed black; padding: 20px; min-height: 200px;"> <p>Attach a Blank Void Check Here</p> </div>	

Bene-Flex Hawaii, Inc.
 P.O. Box 428
 Kailua, HI 96734
 TOLL FREE FAX: 1-866-857-9421
 Ph: 808-254-9166 Toll Free: 1-877-760-9898
Please return to Bene-Flex Hawaii, Inc.