

**SISC FLEX
DIRECT DEPOSIT AUTHORIZATION**

Before completing this form, please read page 2 "Terms and Conditions", and make sure you understand the provisions of the Direct Deposit Authorization. Mail the completed form to: **SISC Flex Plan, PO Box 1808, Bakersfield, CA 93303-1808.**

INSTRUCTIONS

1. Please sign and date the form. Omission of signature will delay processing.
2. Notify SISC Flex immediately of any account changes or account closings.
3. If you have any questions, please call (661)636-4416 or e-mail siscflex@kern.org.

TYPE OF TRANSACTION **NEW** **CHANGE** **CANCEL**

SECTION 1

(TO BE COMPLETED BY EMPLOYEE)

Effective Date _____

SCHOOL DISTRICT				
NAME OF EMPLOYEE (last, first, middle initial)				
HOME ADDRESS	STREET	CITY	STATE	ZIP CODE
WORK PHONE	AREA CODE	NUMBER	HOME PHONE	AREA CODE
		NUMBER		
TYPE OF ACCOUNT				
<small>(If Checking account is selected; your financial institution may complete Section 2, or a voided check may be submitted. A deposit slip is <u>not</u> acceptable.) (If Savings account is selected; your financial institution must complete Section 2)</small>				
<input type="checkbox"/> CHECKING		<input type="checkbox"/> SAVINGS		
ACCOUNT NUMBER			SOCIAL SECURITY NUMBER	

PAYEE CERTIFICATION

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS FOR DIRECT DEPOSIT AUTHORIZATION. IN SIGNING THIS FORM, I AUTHORIZE MY FLEX SPENDING PLAN REIMBURSEMENTS TO BE DEPOSITED INTO THE DESIGNATED ACCOUNT AT THE FINANCIAL INSTITUTION NAMED BELOW.

SIGNATURE _____ DATE _____

SECTION 2

(TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION)

NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER (9 DIGITS)
	- - - - -
ADDRESS OF FINANCIAL INSTITUTION	ACCOUNT TITLE
	ACCOUNT NUMBER

FINANCIAL INSTITUTION CERTIFICATION

I CONFIRM THE IDENTITY OF THE ABOVE-NAMED EMPLOYEE, THE ACCOUNT NUMBER AND TITLE. AS A REPRESENTATIVE OF THE ABOVE NAMED FINANCIAL INSTITUTION, I CERTIFY THAT THIS FINANCIAL INSTITUTION AGREES TO RECEIVE AND DEPOSIT SISC FLEX SPENDING ACCOUNT REIMBURSEMENTS TO THE ACCOUNT SHOWN ABOVE, IN ACCORDANCE WITH THE POLICIES OF THIS FINANCIAL INSTITUTION.

PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATURE OF REPRESENTATIVE DATE

TERMS AND CONDITIONS FOR PARTICIPATING IN THE SISC FLEX PLAN DIRECT DEPOSIT PROGRAM

If you are participating in the SISC Flex Plan, you have the option of having your authorized reimbursements deposited directly into your account at your financial institution rather than receiving the payment by mail. The following are the terms and conditions for participating in the Direct Deposit program. You do not have to participate in the Direct Deposit program in order to have a SISC Flex Plan account.

1. You must complete this authorization form to enroll in the SISC Flex Direct Deposit program. A signed and dated form is required for processing. There will be an administrative processing period before the enrollment will become effective. SISC is not responsible for incorrect information submitted on the Direct Deposit Authorization Form.
2. It is your responsibility to notify SISC Flex Plan immediately of any changes in your account, such as account closure or change in account number. You will be liable for any bank fees associated with failure to notify SISC in a timely manner of any changes in your account. Complete this form indicating the action is a CHANGE, and specify the new account information. There will be an administrative processing period before the change(s) become effective. If there is an interruption in the SISC Flex Plan Direct Deposit service, you will receive checks for any reimbursement claims paid during that time.
3. Your electronic transfer will be made directly into your account. If an electronic transfer is returned to SISC Flex, we will issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail. Reinstatement in the SISC Flex Direct Deposit program will be determined on a case-by-case basis, and you will be notified of any action taken.
4. If you re-enroll in either portion of the plan, your participation in the Direct Deposit program will automatically continue from one Plan Year to the next, unless you request cancellation.
5. If you have been inactive in SISC Flex Plan for a full Plan Year or longer, you must submit a new form to resume direct deposits of your reimbursements.
6. You may cancel your participation in the Direct Deposit program at any time by completing this form indicating the action is a CANCEL. The cancellation will take effect as of the date you indicate or as soon as the form is received and processed, whichever is later.
7. This agreement may also be canceled by your financial institution or by the SISC Flex Plan. SISC reserves the right to automatically cancel your participation in the Direct Deposit program upon termination of employment or termination of your Flex Spending Account.