

DIRECT DEPOSIT AUTHORIZATION FORM

Mail this form to:

FlexToday, Inc.
PO Box 16099
Fresno, CA 93755

FAX: 1-888-207-2310

Our you can scan and post the
completed form on the

Secure Claims Portal

Your Name	The Last 4 Numbers of your Social Security Number (Required) XXX-XX-____
Your Home Mailing Address	The Name of Your Employer
City, State and Zip Code	Your Birth Date
Your E-Mail Address:	Check one: Deposit to my <input type="checkbox"/> Checking (22) <input type="checkbox"/> Savings (32)
Routing number: This should be the first set of nine (9) numbers at the bottom of your check that begins with a 0, 1, 2 or 3 . It will not begin with a 5.	
Account number: This should be the second set of numbers at the bottom of your check	

I hereby authorize FlexToday, Inc. or its successors, hereinafter called FlexToday, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as shown above and the depository institution defined herein, hereinafter called Depository, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I agree not to hold FlexToday responsible for any delay or loss of funds due to incorrect or incomplete information provided by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that I must immediately notify FlexToday, Inc. in writing if this banking information becomes outdated or invalid and I acknowledge and agree that a \$25 fee will be charged for any credit transactions are rejected or fails due to outdated or invalid information on this form. This authority is to remain in full force and effect until FlexToday has received written notification from me (in care of the address shown above) of its termination in such time and in such manner as to afford FlexToday and the Depository a reasonable opportunity to act on it.

X

Participant Signature

Date Signed

OPTIONAL: ATTACH A "VOID" COPY OF YOUR CHECK HERE