



Horizon Blue Cross Blue Shield of New Jersey

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HorizonBlue.com/fsa

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT FLEXIBLE SPENDING ACCOUNT PROGRAM

Yes, please sign me up for FSA Direct Deposit. I hereby authorize **Horizon Blue Cross Blue Shield of New Jersey** to initiate deposit to the bank account indicated below. I authorize credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to my account.

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CHECK ONE:**

Initial Application

Change

Cancel

***\*Attach voided check or deposit slip to this application***

\_\_\_\_\_  
Transit ABA Routing #

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type  
(Checking/Savings)

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This authorization will remain in effect until I have given written notice of its termination or until my employer has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed.