



Paperless Notification and Payment Authorization Form

<b>Name (Last, First, MI)</b>		<b>Social Security number or PIN</b>	<b>Employer name</b>
			S.C. PEBA - MoneyPlus
<b>Mailing address</b>		<b>City, State, Zip</b>	

Text notification - Receive account notifications via text message. Standard data rates may apply.

- Send notification of all account activity to the mobile device listed below.
- Cancel text messaging notification.

Cell phone number: \_\_\_\_\_ Mobile carrier: \_\_\_\_\_

Email notification - Receive account notifications via email.

- Send notification of all account activity to email listed below.
- Cancel email notification.

Email address: \_\_\_\_\_

Direct deposit - Have payments deposited in a checking or savings account.

- Deposit all qualified reimbursements in the account listed below.
- Cancel reimbursements via direct deposit.

Bank name: \_\_\_\_\_  Checking  Savings

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

By including my email address and/or mobile phone number above, I acknowledge that I will receive correspondence regarding account balances and reimbursements in an electronic manner. This authorization will remain in effect until ASIFlex receives written notification from me of its termination in such time as to afford ASIFlex a reasonable opportunity to act. By including my direct deposit information above, I acknowledge that I wish to receive my reimbursements from ASIFlex by direct deposit. I hereby authorize ASIFlex to originate electronic credit transactions to my financial institution account indicated above and to credit the same to such account. If necessary, ASIFlex may make deductions from my account for any payments credited to my account in error. This authority is to remain in effect until ASIFlex receives written notification from me of its termination in such time as to afford ASIFlex and my bank a reasonable opportunity to act. I understand that claims submitted with this form may be delayed two business days while ASIFlex completes a zero dollar transaction with my financial institution to confirm the validity of the account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of a voided check below. Please do not send a deposit slip.

JOHN SMITH  
123 Main Street  
Philadelphia, PA 19103

DATE \_\_\_\_\_

CHECK NUMBER 1234

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

MEMO \_\_\_\_\_

ROUTING NUMBER 123456789 ACCOUNT NUMBER 123456789123 CHECK NUMBER 1234