

The Federal FSA Program

Electronic Funds Transfer (EFT)



How to Change Your EFT Information

EFT is required for enrollment in FSAFEDS, with very limited exception. If you do not have a bank account you may still enroll in FSAFEDS. You will need to provide evidence that you do not have a bank account or that your banking institution does not accept EFT. You will need to provide a statement from your bank or show that you receive hard copy paychecks from your payroll provider.

You can update your EFT information online via My Account Summary or by submitting this completed, signed form. Please read the following information prior to completing the EFT Form. If you have questions, please contact an FSAFEDS Benefits Counselor, toll-free, 1-877-FSAFEDS (372-3337), TTY: 1-800-952-0450, Monday through Friday, 9:00 A.M. until 9:00 P.M., Eastern Time.

EFT Account Setup

Once we receive account information, we record, validate, and update your account with the routing number and account number.

Payment Notification

The following details the notification process with EFT:

- Total Expense Paid – A paper reimbursement statement will be issued, if FSAFEDS does not have your email address. Otherwise, an electronic statement will be emailed to you. Additionally, your bank statement will reflect the EFT deposit. You can also access claims information via [My Account Summary](#).
- Partial Payment – A reimbursement statement is issued detailing the reason the claim was not paid in full. If FSAFEDS has your email address on file, an electronic statement will be emailed to you.
- Full Denial – A reimbursement statement is issued detailing the reason for claim denial. If FSAFEDS has your email address on file, an electronic statement will be emailed to you. You can also access your account via [My Account Summary](#) to view claims information.

How to Complete the EFT Form

- Provide all personal information, including your Social Security Number, in the corresponding section. To begin receiving your account reimbursement statements via email, you must provide your email address.
- **You MUST complete Section A.** Enter the banking information from your **check**, using the example as a guide. If your reimbursement will be deposited into your savings account, refer to your deposit slip for the banking information.
- Select the account type: Checking or Savings (Check one box only.)
- Sign in the Employee Authorization section where indicated. Processing cannot begin without a signed form.
- Validate all information and fax or mail the completed and signed EFT Form to FSAFEDS.

The Federal FSA Program

FSAFEDS Program • PO Box 36880 • Louisville, KY 40233 • www.FSAFEDS.com

The FSAFEDS Program Electronic Funds Transfer Agreement for Pre-Authorized Payment

PLEASE TYPE INFORMATION BELOW OR PRINT CAREFULLY IN CAPITAL LETTERS USING A BLACK INK PEN.

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	MI	DATE OF BIRTH									
SOCIAL SECURITY NUMBER <table border="1"> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </table>										EMPLOYEE EMAIL ADDRESS*		

*Full payment reimbursement statement will not be provided without an email address.

John Benefit 11 Sundry Drive LaLa, CA 84564-001	5365
	_____, 20__
PAY TO THE ORDER OF _____	\$ _____
FINANCIAL INSTITUTION 456 MAIN STREET HOMETOWN, USA 12345	
FOR _____	
:123456789:	:12345678910: 5356
Transit/ABA Number Account Number Check Number	

SECTION A		
_____ Banking Institution Name		
_____ City	_____ State	_____ Zip Code
_____ Transit/ABA Number		
_____ Banking Account Number		

EMPLOYEE AUTHORIZATION
 I authorize SHPS to initiate credit entries, electronically or by any other commercially accepted methods, and to initiate, if necessary, debit entries and adjustments for credit entries in error to my checking or savings account and Wells Fargo Bank to credit and/or debit the same to such account. This authorization will remain in full force and effective until written notification has been received by SHPS. After such notification, I will allow reasonable time for SHPS to adjust my records accordingly.

EMPLOYEE SIGNATURE

DATE

<p align="center">SECTION A must be completed to initiate processing. Incomplete forms will be returned.</p>	<p align="center">ACCOUNT TYPE (Select only one.) Checking Savings</p>
	<p align="center">Please mail or fax completed forms to: FSAFEDS Program PO Box 36880 Louisville, KY 40233 Fax: 1-866-643-2245 (toll-free) or 1-502-267-2233</p>