



**Electronic Funds Transfer (EFT) Form**

**Employee Information:** *(please print clearly)*

Employer Name \_\_\_\_\_  
Employee Name \_\_\_\_\_  
Employee SSN \_\_\_\_\_  
Tel. No. (Work) \_\_\_\_\_ (Home) \_\_\_\_\_  
Email Address \_\_\_\_\_

**Bank Information:**

- (check one)  Same account information as last year  
 **NEW** account information – please update from last year  
 I do not want to continue EFT (**sign cancellation below**)

Account Information

Financial Institution Name \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

(Please attach a voided check. Deposit slips are not valid)

Type of Account

- (check one)  Checking  Savings

Please select applicable benefit account. **NOTE: YOU CAN SELECT MORE THAN ONE.**

- Vision**  **Dependent Care Flex**  **Unreimbursed Medical Flex**

**Authorization:**

I hereby authorize Activa Benefit Services to transfer my Flexible Spending Account Reimbursements to the financial institution listed above.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Cancellation:**

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Please mail or fax to:**

EFT Coordinator  
Activa Benefit Services, LLC  
P.O. Box 37  
Farmington, MI 48332

Fax: 616-588-7915  
Phone: 616-588-5340  
877-827-1414