



ICUBA

Florida Tech

*Health Care Spending Account
Direct Deposit Form*

Employee Name _____

Social Security Number _____

- I would like my reimbursement check deposited into my CHECKING account.**
- I would like my reimbursement check deposited into my SAVINGS account.**

Bank Name _____

Please attach a voided check if you are choosing to have your reimbursement deposited into your **checking account**.

If you are choosing to have your reimbursement check deposited into your **savings account** please attach a **deposit slip**.

Employee Signature

Date

** Please send voided check and signed Direct Deposit form to:

OutsourceOne
Flexible Spending Department
730 Second Avenue South, Suite 530
Minneapolis, MN 55402

Or:

Fax to: 877-491-6016