



Employee Benefits Group

DIRECT DEPOSIT APPLICATION

To receive your Flex Reimbursement as a direct deposit to your personal checking or savings account, please complete the form below.

Please return completed form with an original voided check.

Important Note: You may receive another fiscal check before direct deposit is activated. You will receive a direct deposit slip each time funds are transferred to your personal account. The slip will detail the amount deposited into your account and the date of the transaction.

Name: _____

Social Security Number: _____

Name of Bank: _____

Bank Address: _____

Bank City, State and Zip: _____

Account #: _____ (ABA) Routing #: _____

I would like to receive direct deposit for reimbursement of my:

Medical Reimbursement Account

Dependent Care Account

I hereby authorize CGI Flex Trust to deposit the above-stated amount to the above-stated account.

Your Signature: _____ Dated: _____

Mail to: CGI Employee Benefits Group
Attn: Benefits Dept.
171 Londonderry Turnpike
Hooksett, NH 03106

Fax to: CGI Employee Benefits Group
Attn: Benefits Dept.
Fax (603) 232-9363
Toll Free (866) 841-4600
Ph (603) 622-4600