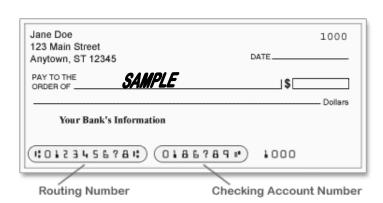
Direct Deposit Form

If you would like to have your flexible spending account reimbursements deposited directly into your checking account, please complete and return this form to the AFES Flex Department address located at the bottom of the page. All information, excluding your signature, can be completed on-line. Please be sure that you have signed the completed form before sending it.

Name of Employer: Name of Employee (Last, First, M.I.):			Daytime Phone:
			Social Security #:
Address:	City:	State:	Zip Code:
Check here if this is a new E-mail Address:	address.		
	d account numbers from your	chack (places do not us	so your danceit form)

Bank name, routing, and account numbers from your check (please do not use your deposit form) must be included in order for your request to be processed.

Routing Number
Checking Account Number
Bank Name



I hereby authorize American Fidelity Assurance (AFA) Company to make deposits into my checking account. I also authorize AFA to make withdrawals from this account in the event that a credit entry is made in error. I understand that it will take approximately two weeks from the date that AFA receives this authorization for direct deposits to begin.

This authority is to remain in full force and effect until AFA has received written notification from me of its termination in such time and such manner as to afford AFA and my financial institution a reasonable opportunity to act on it.

Fax this form to (800) 543-3539 <u>or</u> Mail to:	Signature
American Fidelity Assurance Company AFES Flex Account Administration P.O. Box 25510	Date

Oklahoma City, OK 73125-9889