



Direct Deposit Enrollment Information and Form

Using our direct deposit program helps avoid lost or stolen checks, mail delays, and unnecessary trips to your bank. Most important, with direct deposit, your money will be there for you when you need it most.

ADVANTAGES

- Direct deposit is free.
- You get your payments faster.
- Your banking time is shortened.
- Direct Deposit can become effective in as few as ten business days.

Once you complete the enrollment form, please either:

- Fax to: 616-285-0701
- E-mail to: flex@varipro.com
- Mail to: Varipro Benefit Administrators
Attn: Flex Department
5300 Patterson SE Suite 150
Grand Rapids, MI 49512

IMPORTANT INFORMATION

Direct deposit is entirely voluntary. If you prefer to receive your reimbursement checks by mail, please disregard this notice and enrollment form.

You must attach a voided check to this completed form to expedite your direct deposit set-up.

Direct deposit can be stopped at any time by contacting us using one of the following methods.

- Call: 800-732-3412
- E-mail: flex@varipro.com
- Fax a cancellation notice to: 616-285-0701

Your direct deposit will be cancelled before your Employer's next reimbursement check run.

Direct Deposit Enrollment Form

Employer Name: Charlotte Public Schools

I authorize Varipro to automatically deduct from my account, listed below, on a monthly basis, for the payment of health insurance premiums and/or administrative costs incurred on my behalf. I also authorize Varipro to initiate any correction entries that are necessary if an error occurs while processing my payment.

It is my responsibility to update the account information that is used to pay for the services provided. I understand that I have to notify Varipro by written request to change or terminate, if termination is allowed under the plan I belong to, this authorization. I acknowledge I will be charged any applicable service fees related to any transaction(s) declined by the bank.

Varipro reserves the right to deduct money from this account without requiring the customer's signed authorization for each transaction. Also, Professional Benefit Services reserves the right to terminate this authorization agreement at any time.

Participant Name: _____

Social Security Number _____ -- _____ -- _____

Participant Daytime Phone Number: _____

Email Address: _____

Check One: Initial Set-Up Change in Account Information
Type of Account (Select One): Checking Savings

Bank Name: _____

Routing Number: _ _ _ _ _

Account Number: _____

Signature: _____ **Date:** _____

***Please attach a copy of a voided check. This form cannot be processed without receiving a voided check being attached.**

Please complete and sign this authorization form. It will take approximately 10 business days for this request to become effective.

Please return this form to:

Varipro

Attn: Flex Department

5300 Patterson Ave, S.E., Suite 150

Grand Rapids, MI 49512

Fax: 616-285-9965

Email: flex@varipro.com

After your claim is paid, direct deposits take only 1-2 days to reach your bank. You will be able to view your direct deposit claims online at www.MyRSC.com