Flex Spending Account Reimbursements

To ensure prompt and accurate processing of your request, complete this form and either:
- Return to your Employer - E-fax it to (951) 346-4244 - Secured Email to customerservice@PAYPROtpa.com
- Mail it to: PAYPROtpa, P.O. Box 5040, Riverside, CA 92517

Employer Name:			
Employee Name:		**SSN:**	

☐ **TO ENROLL IN DIRECT DEPOSIT** check box and complete section

Bank Name _____ Routing Number _____ Account Number _____

Authorization – I hereby authorize PAYPROtpa and my Bank, as indicated above, to initiate entries into my designated account. I verify that the Account number and Routing number listed above are true and accurate.

If my Bank is ever notified by PAYPROtpa that funds, to which I am not entitled to, have been erroneously deposited into my account, I authorize my Band to return such funds to PAYPROtpa.

Signature _____ Date _____

☐ **TO CHANGE YOUR BANK and/or DIRECT DEPOSIT** check box and complete top section and this section

Bank Name _____ Routing Number _____ Account Number _____

Authorization – I hereby authorize PAYPROtpa and my Bank, as indicated above, to initiate entries into my designated account. I verify that the Account number and Routing number listed above are true and accurate.

If my Bank is ever notified by PAYPROtpa that funds, to which I am not entitled to, have been erroneously deposited into my account, I authorize my Band to return such funds to PAYPROtpa.

Signature _____ Date _____

☐ **TO CANCEL DIRECT DEPOSIT** check box and complete top section and this section

My signature below indicates that I wish to cancel my direct deposits. I understand that a 30-day notice is necessary, prior to my cancellation date

Signature _____ Date _____

To send a secure email to protect your information, start the subject line with [SECURED].
Example: [SECURED] Enrollment Form

PAYPROtpa.com
CA LIC. #0G76414

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