

TriNet SOI
P. O. Box 241448
Charlotte, NC 28224
Please complete, sign, and
fax this form to TriNet SOI
at 704.426.1180.

Employee Information (please print or type)

Employee ID=First Initial, Last Name (max 8 char), last 4 digits of Social Security #.

Example: John Williamson
 SSN: 564-00-8872
 Employee ID: jwilliams8872

Employee ID

Name

Employer Name _____ Zip Code

Email _____



I request my reimbursement be direct deposited into the following account(s):

- This is a new direct deposit enrollment
- This is a change to an existing direct deposit account

Financial Institution Name

Routing and Transit #
 Must be 9 digits in length & must start with a 0,1,2, or 3.

Account Number
 Can Vary in length

Type of Account

- Checking Account
- Savings Account

PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.
WE WILL NOT PROCESS WITHOUT A VOIDED CHECK
DO NOT USE A DEPOSIT SLIP, THE NUMBER COULD BE INVALID!

I hereby certify the information provided on this form is accurate. I authorize TriNet to issue payment of my dependent day care FSA, and/or health care FSA expense reimbursements directly to the financial institution and deposited into the designated account named above.

In the event funds are deposited erroneously into my account, I authorize TriNet SOI, Inc. to debit my account(s) not to exceed the original amount of the deposit.

I understand that all direct deposits are made through the automated clearing house (ACH) and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution. I also understand that it is my responsibility to verify expense reimbursements have been deposited into my bank account.

Signed By _____ Date _____