



# Flexible Spending Account Direct Deposit Authorization

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**Human Resource Department**  
**P.O. Box 8784**  
**Williamsburg, VA 23187-8784**  
**Phone: 757-253-6680**  
**Fax: 757-253-6878**

Person Authorizing Direct Deposit: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Designation of deposit account (*CHECK ONLY ONE*):

- Checking - attach VOIDED check
- Savings - Transit Routing Number (obtained from your financial institution) \_\_\_\_\_

Deposit Account Number: \_\_\_\_\_

*I authorize James City, Employee Security, Inc., and the Financial Institution listed above to credit automatically to the indicated deposit account all amounts payable to me by James City County. If funds to which I am not entitled are deposited to my account, I authorize James City County to direct the Financial Institution to return said funds. This authority is to remain in effect until canceled in writing.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_