



Employee Data					
Company Name:					
Employee Name:					
Employee Social Security o	r ID Number:				
Description of Need	for Inforn	nation			
via direct deposit. You can also use yo provided to Vita Administration Group (Employer's election process, then you defill out this form and submit to Vita for <a href="https://www.vitaflex.net">www.vitaflex.net</a> . Once logged in, hove	ur bank account to Vita) in order to exp o not need to submi processing. If your over "Accounts" an	submit payment/funds to your Vi- edite the reimbursement process. It this information again. If you wou employer allows, you may also en	ta Flex accoul If you have al <b>Id like to</b> chan I <mark>ter this inforr</mark>	eceive reimbursements for eligible claim submissions nt. Your current bank account information must be ready provided this information to Vita through your ge your bank account information on file, then please nation through your online account by logging into mn.	
Bank Account Inform	nation				
Type of Authorization:		New Authorization		Change of Account	
Bank Name:					
Bank Address:					
Account Type:		Checking Account		Savings Account	
				cking Accounts, please provide the first the bank account information.	
Verification					
below (by attaching a voided of event that funds are deposited	check). I unders I erroneously int inal amount of the	tand that this authorization was my account, I authorize Vone erroneous credit. I request	will remain Tita Adminis	ments into the account which I designate in effect until terminated in writing. In the stration Group to debit my account for an account listed below honor such a charge-	
Date	Employee	Employee Signature			
		ATTACH VOIDED CHECK HERE	)		
Form Submission Me	ethods				
E-mail To: <u>help@vitamail</u>		Vita Flex (650) 964-FLEX (3539) (866) 964- FLEX (3539)	Mail To	o: Vita Flex 1451 Grant Road, #200 Mountain View, CA 94040	