



Please fax, email, or mail to:  
 Goldleaf Partners  
**Flexible Spending**  
 PO Box 40400  
 Mesa, Arizona 85274

Email: [flex@goldleafpartners.com](mailto:flex@goldleafpartners.com)  
 Phone: (480) 782-1841  
 Fax: (480) 782-1842

**Please Read First**

1. Complete Section 1 – Participant Information.
2. Attach a voided check (or photocopy of a check). We **CANNOT** accept deposit slips; they do not always show the information required.
3. If you do not have a voided check, complete Section 2.
4. Complete Section 3 and fax, mail or email the form along with a copy of the voided/copied check to Goldleaf Partners – Flexible Spending Dept.

**1. Participant Information** I am **(check one)**  **Beginning**  **Changing a Direct Deposit Account**  **Canceling**

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Social Security # (last 4 digits only): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Plan Year: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. Financial Institution Information**

Account Number\* \_\_\_\_\_

Transit/ABA Number\* \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Type:  Checking  Savings

\*  
 JON SMITH  
 1234 8th ST. S  
 FARGO, ND 58102  
 DATE \_\_\_\_\_ 1200

PAY TO THE ORDER OF \$ \_\_\_\_\_

MEMO \_\_\_\_\_

⑆ 0123456789⑆ 68590134⑆ 1200

Transit/ABA Number      Account Number

**3. Employee Authorization**

Participant Signature

Date