North American Division of SDA

2019 FSA – Banking information

Entity Name: _____

Address: _____

Contact: _____

Contact email: _____

Secondary contact: _____

Contact email: _____

Payroll cycle:	Weekly:	Number of Pay Dates____	First Pay Date in 2019____
	Bi-Weekly:	Number of Pay Dates____	First Pay Date in 2019____
	Semi-Monthly:	Number of Pay Dates____	First Pay Date in 2019____
	Monthly:	Number of Pay Dates____	First Pay Date in 2019____

Direct Debit Authorization and Financial Institution Information:

Bank Routing Number: __ __ __ __ __ __ __ __ __

Account Number: __ __ __ __ __ __ __ __ __ __ __

Account Type: __ *Checking* __ *Savings*

Bank Phone Number: __ __ __ - __ __ __ - __ __ __ __

_____ _____

SIGNATURE OF COMPANY REPRESENTATIVE DATE

ADVENTIST RISK MANAGEMENT®, INC.
www.adventistrisk.org

This Banking Information document will be given to the current Flexible Spending Account (FSA) vendor ONLY and will not be used for any other purpose.

ARM/HCB_FSA/Rev Apr 30, 2019