



**GO GREEN - Paperless Notification & Payment Authorization Form**



**Fax to:**  
(877) 879-9038  
\*No Cover Page Required\*  
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<b>Name (Last, First, MI)</b>	<b>Social Security Number or EID or PIN</b>	<b>Employer</b>
<b>Mailing Address</b>		<b>City/State/Zip</b>

**TEXT NOTIFICATION** - sign up to receive notification of account activity via Text Messages sent directly to your cell phone. Please be aware that standard texting charges may apply, depending upon your cell phone plan.



- Send notification of all account activity to the mobile device listed below.
- Cancel text messaging notification.

**My cell phone number is:** \_\_\_\_\_ **Mobile Carrier:** \_\_\_\_\_

**EMAIL NOTIFICATION** - sign up to have account notifications sent to the email address you designate.



- Send notification of all account activity to email account listed below.
- Cancel email notification.

**My email address is:** \_\_\_\_\_

**DIRECT DEPOSIT** - sign up to have payments disbursed to the checking or savings account listed below



- Send all qualified reimbursements to the account listed below.
- Cancel reimbursement via direct deposit.

**My bank name is:** \_\_\_\_\_  **Checking**  **Savings** (select one)

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

By including my email address and/or mobile phone number above, I acknowledge that I will receive correspondence regarding account balances/reimbursements in an electronic manner. This authority will remain in full force and effect until ASIFlex receives written notification from me of its termination in such time as to afford ASIFlex a reasonable opportunity to act.

By including my direct deposit information above, I acknowledge that I wish to receive my reimbursements sent by ASIFlex by Direct Deposit. I hereby authorize ASIFlex to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated above and to credit the same to such account. If necessary, ASIFlex may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until ASIFlex receives written notification from me of its termination in such time as to afford ASIFlex and my bank a reasonable opportunity to act. **I understand that claims submitted with this form may be delayed two business days while ASIFlex completes a zero dollar transaction with my financial institution to confirm the validity of this account.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please attach a copy of a voided check below. Please do not send a deposit slip as sometimes the routing numbers are different from that of your checks. (Please include a copy of your voided check in the space below)**

2400  
\_\_\_\_ 19 \_\_\_\_ 91-548/1221  
PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
DOLLARS  
FOR \_\_\_\_\_  
⑆ 122105278⑆ 6724301068⑆ 2400⑆  
Routing Number      Account Number      Check Number