

## Flexsave - Employee Claim Reimbursement EFT Request


*Please complete the following information to have employee claim reimbursement paid by EFT.*

Employee Information
Company Name:
Employee Name:

Request for Direct Deposit
<p>It is understood that:</p> <ul style="list-style-type: none"><li>• This banking information will be used for the sole purpose of depositing reimbursement</li><li>• This information will be held in the Master File of the company for which the employee is employed</li><li>• Hub Financial Inc. reserves the right to pay the employee's reimbursement by cheque at any time</li><li>• It is the sole responsibility of the employee to ensure the accuracy of the banking information on file. In addition any subsequent changes in banking information must be reported in a timely fashion</li><li>• Hub Financial Inc. may terminate payment by direct deposit without prior notice or authorization from the employee</li></ul>

Signatures
 Employee Signature:
Date:

**Please attach a SAMPLE VOID CHEQUE for the account the claim reimbursement should be deposited to**