



**FLEXIBLE BENEFITS PLAN
DIRECT DEPOSIT CANCELLATION FORM**

Instructions: Complete the Direct Deposit Cancellation Form. Your signature is required to process this request. After completing this form:

Mail to:
HealthComp
Flexible Benefits Department
P.O. Box 45018
Fresno, CA 93718-5018

Or,

Email to:
flexbenefits@healthcomp.com

I hereby request HealthComp cancel my Direct Deposit Authorization Agreement
Name of Employer:
Daytime Phone:
Name of Employee (Last, First, M.I.):
Social Security #:
Address, City & State, Zip:
E-mail Address:
_____ Signature
_____ Date