

FlexAmerica

Debit Card Refund Form

Important: This form is to be used for reimbursing purchases made with your FSA debit card. Please mail this form and check to:

**Debit Card Refund
FlexAmerica
13511 Label Lane
Suite 201
Hagerstown, MD 21740**

Instructions

1. Complete one form for each refund.
2. Attach the store/merchant receipt.(if available)
3. Make a check payable to your EMPLOYER for the refund amount.
4. Mail the form and check to FlexAmerica.
5. FlexAmerica will credit your account for the ineligible or undocumented purchase.
6. Suspended cards will be reactivated within 5 days of receipt
7. Balance, card status & pending receipts may be viewed at www.flexamerica.com

Please Check A Box

- Lost Receipt
- Complete purchase was ineligible
- Partial purchase was ineligible

Employer Name	Employee Name	Daytime Phone Number	Social Security Number or ID
Date of Purchase	Total of original Purchase \$	Refund Amount \$	
Employee Signature		Date	E-Mail Address
Comments to FlexAmerica:			