

FLEX

ACCOUNT DEPOSIT FORM

Date _____

At this location, there is a minimum deposit of \$25 for new accounts.

Name _____
(please print)

Amount \$ _____

Cash [] (do not mail cash)

ID Number _____

Check Number _____
(payable to University of Delaware)

Mail to: University of Delaware
Cashiers Office
116 Student Services Building
Newark, DE 19716

I understand and accept the terms of this optional
flexible spending account as published in the FLEX brochure.

Signature