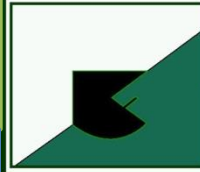


# Employee Debit Card Acknowledgement Form

Form: CARDACKNOWLEDGEMENT05222013



F E B C O

Benefits Consultants

## Employee Debit Card Acknowledgement Statement & Verification of Receipt of Debit Card

Should I as an employee be required to return any Debit Card for any reason before the end of the Plan Year, I \_\_\_\_\_, will reimburse the employer for any amounts advanced by the employer from my account, which are not Qualified Expenditures. My employer may also pursue any and all legal means available to it to receive some or all of the amounts advanced that I am not entitled to, including but not limited to, deducting such owed amounts from subsequent payroll amounts owed me.

*This card is the property of \_\_\_\_\_  
and must be returned to the employer immediately upon termination and/or layoff.*

\*Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*H/R or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this form to: 502-695-9692

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