

- I authorize SelectAccount to deposit my claim reimbursement payments to the account indicated and I authorize the bank named below to accept my claim deposit and credit the amount to my account. (Complete the fields below with the bank information and attach a voided check or savings account deposit slip.)
- I am changing my existing direct deposit bank information as indicated below. (Complete the fields below with the new bank information and attach a voided check or savings account deposit slip. This will automatically cancel your old Direct Deposit Account and activate your new Direct Deposit Banking Account.)
- I wish to cancel my direct deposit and have my claim reimbursements sent to me by mail. (Sign and date at the bottom of this form.)

Getting started

PAY **1** Complete the authorization form | \$

Attach here with tape **2** If checking account, attach a voided check. If savings account, attach a savings account deposit slip

DO NOT STAPLE **3** Mail or fax completed form to SelectAccount

VOIDED

Check

- Authorization for direct deposit of claim reimbursement payments provides a convenient method of electronically transferring claim funds directly into your checking or savings account. Direct deposit will apply to all your spending account products with SelectAccount.
- Please allow 10-15 business days from the date your form is received by SelectAccount for your request to be processed. You may receive a manual check if claims are processed before the direct deposit is effective.
- **Once you have authorized SelectAccount to automatically deposit your claim reimbursements, there is no need to re-enroll in subsequent plan years unless there is a change in your bank information.**

checking or savings account *Please note that we cannot transfer funds into investment accounts at this time.*

Name of member (please print): _____

SelectAccount ID or Social Security Number: _____

Employer's Name (if applicable): _____

Bank name: _____

Bank telephone number: _____

Bank ABA Number: _____

Bank Account Number: _____

X _____ Signature Date: _____
Signature of Bank Account Holder