

- ☐ 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

Attach here with tape

DO NOT STAPLE

- 1 Complete the authorization form | \$
- 2 If checking account, attach a voided check. If savings account, attach a savings account deposit slip
- 3 Mail or fax completed form to SelectAccount

- 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

Mail or Fax to: SelectAccount, P.O. Box 64193, St. Paul, MN 55164-0193

Fax to 651-662-7247 or 1-866-231-0214