

- 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. (Print your name, include your SA# and 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. *Starter checks are not accepted.* If savings account, attach a savings account deposit slip

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

*Q*

- 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 Routing Number: \_\_\_\_\_

(The ABA routing number is the nine-digit number located in the bottom left corner of your check or deposit slip)

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