



# AUTHORIZATION FOR DIRECT DEPOSIT

To complete this request online, visit [www.SelectAccount.com](http://www.SelectAccount.com) and sign in to your account.

Member Information
Name of member (please print): _____
SelectAccount ID or Social Security Number: _____
Email Address: _____
Employer's Name (if applicable): _____
Authorization Details
<input type="checkbox"/> 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.)
<input type="checkbox"/> I am changing my existing direct deposit bank information as indicated below. (Complete the fields below with the new bank information. This will automatically cancel your old Direct Deposit Account and activate your new Direct Deposit Banking Account.)
<input type="checkbox"/> 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.)
Banking Information
<input type="checkbox"/> checking or <input type="checkbox"/> savings account
Bank name: _____
Bank telephone number: _____
Bank ABA Routing Number: _____ <small>(The ABA routing number is the nine-digit number located in the bottom left corner of your check)</small>
Bank Account Number _____
Member Signature
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Please allow 10-15 business days from the date this 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.</li> <li>• 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.</li> </ul>
<div style="display: flex; justify-content: space-between;"> <span>_____ Signature of Bank Account Holder</span> <span>Signature Date _____</span> </div>

**Save time: enter this information online by signing into your account at [www.SelectAccount.com](http://www.SelectAccount.com).**

Questions? Call Member Services at (651) 662-5065 or 1-800-859-2144.

**Send via secured email only:**  
 SelectAccount.Documents  
 @SelectAccount.com

**Fax to:**  
 651-662-7247  
 866-231-0214

**Mail to:**  
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 St. Paul, MN 55164-0193