SelectAccount℠

AUTHORIZATION FOR DIRECT DEPOSIT

To complete this request online, visit 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

☐ 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.)

☐ 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.)

☐ 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

☐ checking or ☐ savings account

Please note that we cannot transfer funds into investment accounts at this time.

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)

Bank Account Number_____

Member Signature

- 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 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.
- 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.

_____ Signature Date_____
Signature of Bank Account Holder

Save time: enter this information online. Sign into your account at 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:
P.O. Box 64193
St. Paul, MN 55164-0193

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MII Life, Inc. d.b.a.SelectAccount