

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

- 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. (Print your name, include your SA# and sign and date at the bottom of this form.)
- 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.

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: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bank Account Holder

Signature Date: \_\_\_\_\_

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

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