

# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

COMPANY NAME: \_\_\_\_\_

## Reimbursement Account Employee Direct Deposit Authorization Form

### STEPS FOR COMPLETING THIS FORM

- |   |   |
|---|---|
| 1. Read Terms and Conditions                              | 4. Sign and date form.  |
| 2. Complete all required information below                | 5. If the account is not in your name alone, have the other account holder also sign and date form. |
| 3. Attach MICR record or voided check (not deposit slip). | 6. Mail, fax or e-mail to address on bottom of page.  |

Last Name

















MI First Name
















Social Security Number











Work Phone











Account Number

















Routing Number










Typically, account numbers are 10 digits and routing numbers are 9 digits. See example below to locate the numbers on your voided check.

Check Action




New Change Cancel

Effective Date











Month Day Year

Acct. Type

Checking

Ownership of Account




Self Joint Other

-----ATTACH A VOIDED CHECK or MICR SHEET -----

*DO NOT attach a deposit slip because deposit slips do not show the necessary information.*

Joan Doe Anywhere, USA	
PAY TO THE ORDER OF _____ \$ _____	
_____ DOLLARS	
YOUR TOWN BANK YOUR TOWN, AR 123456	
FOR _____	
123456789	1234567891†
Routing Number	Account Number

VOID

I certify that I have read and understand the Terms and Conditions on the back of this form. By signing this agreement, I authorize Aetna to initiate credit entries to the account(s) indicated above for the purpose of reimbursements from my account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

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

If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

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

### Mail Form to:

Aetna Life Insurance Company  
 10275 W. Higgins Road, Suite 500  
 Rosemont, IL 60018  
 Phone – (866) 472-0897 – Fax – (847) 332-0335  
 E-mail – [aetnasupport@flexiblebenefit.com](mailto:aetnasupport@flexiblebenefit.com)

**TERMS AND CONDITIONS FOR PARTICIPATING IN  
THE DIRECT DEPOSIT PROGRAM FOR  
COMPANY NAME: \_\_\_\_\_  
REIMBURSEMENT ACCOUNTS**

**You have the option** of (1) having your authorized reimbursements for your Reimbursement Account(s) deposited directly into your account at your financial institution or (2) receiving a check for any authorized reimbursements. If you do choose to participate in this Direct Deposit Program (Program), you will need to complete this Authorization Form (Form) and return it to the address below. Please read the following terms and conditions for participation carefully before making your decision.

1. Your financial institution must be a member of an Automated Clearing House before you can participate in any direct deposit program. **Call your bank to make sure they will accept direct deposits.**
2. This form must be signed and dated and returned to the address below before you can participate in this Program. **If you have a joint account, the form must be signed by both parties.**
3. Once the form is received by Aetna, **there may be a two reimbursement cycle delay before the reimbursements begin being deposited** directly into your account. You will receive checks for any reimbursements before that time.
4. You will be notified when an electronic transfer is made to your account in a manner set by your employer. The standard turnaround time between the time the funds are transferred and they have been deposited in your bank is two banking days. **Make sure the deposit has been made to your account before you withdraw the funds.**
5. **If an electronic transfer is returned** to Aetna or cannot be made to your account, Aetna will investigate the cause. If the situation cannot be resolved quickly, a reimbursement check will be mailed to you. You will continue to receive your reimbursements by mail until the situation is resolved. You will be notified of any action taken.
6. **It is your responsibility to notify Aetna of any changes to your account immediately.** Complete this form indicating that the action is a CHANGE, and return it to the address below. Once received, again there may be a delay of up to four weeks before the new information will be processed. You will receive checks for any reimbursements before that time.
7. **You can cancel participation in Program at any time.** To cancel participation, complete this form indicating that the action is a CANCEL, and return it to the address on the front. Your participation will be cancelled as of the effective date on the form or as soon as the form has been received and processed, whichever one is later.
8. This agreement may be cancelled by your financial institution or Aetna. **Your participation will be cancelled automatically if your employment is terminated or if you terminate participation in the above account(s).**
9. **You do not have to submit a new form for a plan year if you re-enroll in the above account(s).** Your participation will continue from plan year to plan year until you terminate your participation or you do not re-enroll in the account(s).

Return all correspondence to:

**Aetna Life Insurance Company**

**10275 W. Higgins Road, Suite 500**

**Rosemont, IL 60018**

**Phone (866) 472-0897 – Fax (847) 332-0335**

**E-mail – [aetnasupport@flexiblebenefit.com](mailto:aetnasupport@flexiblebenefit.com)**