

**AUTHORIZATION FOR  
ELECTRONIC DEPOSIT**

This authorization for automatic deposit of claim reimbursement funds provides a convenient method of electronically transferring claim funds directly into your checking or savings account.

**PLEASE NOTE: Once you have authorized electronic deposit of your claim reimbursements, there is no need to re-enroll in subsequent plan years unless there is a change in your bank information.**

Please allow 10 - 15 working days from the date your form is received in order for your bank information to be processed. You may receive a manual check if you have claims processed during this period.

To begin the electronic transfer of claim funds or change bank account information, please provide the following:

1. \_\_\_\_\_  
Employee's Name (Please Print) Social Security Number

\_\_\_\_\_  
Employer's Name

2. \_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Location

\_\_\_\_\_  
Bank Phone Number

3. Indicate deposit in:     Checking Account    OR     Savings Account  
PLEASE NOTE: WE CANNOT TRANSFER FUNDS INTO INVESTMENT ACCOUNTS AT THIS TIME.

4. Bank Identification (ABA) Number: \_\_\_\_\_  
*The Bank Identification (ABA) Number is a nine digit number located in the bottom left hand corner of your check.*

5. Bank Account Number: \_\_\_\_\_

6. I authorize my claim reimbursement payments to be deposited into the account indicated above, and I authorize the bank named above to accept my claim deposit and credit the amount to my account.

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

\_\_\_\_\_  
Effective Date

7. If you have indicated a checking account, attach a voided check or copy of a voided check.  
If you have indicated a savings account, attach a savings account deposit slip.  
PLEASE NOTE: DEPOSIT SLIPS CANNOT BE ACCEPTED FOR CHECKING ACCOUNTS.

8. Please return your completed form and required information as indicated above via mail or fax to

Account Administrator, W4-44  
P.O. Box 64193  
St. Paul, MN 55164-0193  
Fax (651) 662-7247