

**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