



FLEXIBLE BENEFITS PLAN DIRECT DEPOSIT AUTHORIZATION FORM

Direct deposit is a service we are very pleased to offer you. Direct Deposit eliminates the possibility of your check being lost or delayed. Each time a deposit is made to your account, you will be mailed an Explanation of Benefits that shows the deposit made as well as a summary of your account. This will let you keep track to your account.

Note: This option to have your reimbursements directly deposited into your bank account is only available if allowed by your Employer. Please verify with your Employer if this option is available to you.

Instructions:

Via Mail: Complete the Authorization Agreement for Automatic Deposit. Your signature is required to process this request and you will need to attach an original voided blank check. Mail to: HealthComp Administrators, P.O. Box 45018, Fresno, CA 93718-5018. If you have any questions, please call (800) 442-7247. *Via Email:* Scan the completed form/voided check and send to: flexbenefits@healthcomp.com.

Authorization Agreement for Automatic Flexible Benefits Reimbursement Deposits	
Name of Employer:	Daytime Phone:
Name of Employee (Last, First, M.I.):	Social Security #:
Address, City & State, Zip:	
E-mail Address:	
I hereby authorize HealthComp to make deposits into my (check one):	
<input type="checkbox"/> Checking Account. voided check is attached	
<input type="checkbox"/> Savings Account, Bank Routing # _____ Saving Account # _____	
This authority will remain in full force and effect until HealthComp has received written notification from me of its termination in such time and such manner as to afford HealthComp and my financial institution a reasonable opportunity to act on it.	

Signature	

Date	