



Maximize Your Health Savings

Direct Deposit Form

Instructions

1. Use this form to set up direct deposit of your FSA/HRA/Dependent Care claims or HSA disbursements.
2. Forward completed form to: **MEDSURETY LLC** at:
18001 Highway 7, Suite 204, Minnetonka, MN 55345 or fax to: **(952) 856-2656**
3. If you have any questions regarding this form, please call **(952) 303-5700** or **(888) 816-4234**

You must attach a copy of a voided check for a checking account deposit, or a deposit slip for a savings account deposit in the designated space below. **If you choose a savings account deposit, please verify the bank's routing number - the number on your deposit slip may not be the correct number for direct deposit transactions.**

Company Name:	Plan Year:
---------------	------------

Employee Information

Employee Name:	Social Security #:
----------------	--------------------

Account Information

Bank Name:	Type of Account (circle): Checking Savings
Bank Routing Number: (see diagram below)	Bank Account Number: (see diagram below)

Authorization

I authorize the direct deposit of funds reimbursed from my Pre-tax Accounts into the bank account specified above. My administrator will continue to use this as my "Account of Record" until notified, in writing, to discontinue use of the account. I understand that direct deposit will continue automatically into each new Plan Year unless I notify my administrator, in writing, of a change. I authorize my bank account to be debited for any reimbursements sent in error or claims denied after reimbursement. I certify that I have read, and understand, the information on this Authorization form.

Signature: _____ Date: _____

**Attach
Voided Check
OR
Savings Deposit Slip
HERE**

Suzy Public 123 Main Street Bloomington, MN 55439	3448 17-1-945 Date _____
Pay to the Order of _____ <input type="text"/>	
_____ Dollars	
For _____	
: 091000019 : 3564895891 " 3448	
Routing Number →	← Bank Account Number