Request for Direct Deposit

Employee Name *Date of Birth* *Last 4 of SSN*

Employer Name *Group Number*

Please provide your e-mail address in the section below to sign up for Electronic Explanation of Benefits.

E-mail address

By providing my e-mail address, I agree to receive electronic explanation of benefits from Sage TPA.

Please provide your bank account information in the section below to sign up for direct deposit of any medical, dental, vision and disability benefit reimbursements.

Bank Name *Routing Number* *Account Number*

By providing my banking information, I agree to receive electronic payment for any funds due back to me for all services administered by Sage TPA.

The account specified above must be held by the member. **A voided check must be provided with this form for a checking account. We cannot accept copies of deposit slips.**

If this is a savings account, please indicate that here in lieu of sending a voided check:

Please return signed document to:

By E-mail: OUH@SageTPA.com

By Fax: 855-594-8880

Disclaimer: By signing this document I agree to receive electronic explanation of benefits and/or direct deposits of reimbursements from Sage TPA.

Employee Signature *Printed Name* *Date*