

Take the hassle of getting to the bank in time to deposit your checks!

Direct Deposit Authorization – Manual Claim Reimbursement

Direct Deposit is a safe, easy, and convenient feature that many employees appreciate. This service is provided to save you time in the claim reimbursement process. If you decide to use Direct Deposit, your reimbursement checks will be automatically deposited into any checking or savings account that you designate.

When you complete the authorization form below, you are authorizing Medcom to deposit your reimbursements to your checking or savings account. Once you have completed this form, please return it to Medcom.

- **Fill the form out completely** with your name, social security number, daytime telephone number, Employer's name, and your email address. **Please note that by providing your email address you are authorizing Medcom to submit all future correspondence to you via email.**
- Mark the appropriate box to indicate whether your reimbursement should be deposited into your checking or savings account.
- To process this request, **you must attach** either: a voided check (for checking account), **OR** a voided savings deposit slip (for savings account only). Your request will not be processed without this information.

Employee Name	Social Security Number
Daytime Telephone Number	Email Address*
Employer Name	

Financial Institution/Bank Name	Financial Institution's Address
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Financial Institution's City, State, Zip	
Account Number	Name as it appears on the Account
Transit Routing Number/ABA	

I, hereby attest that I have printed and signed my name below and, authorize Medcom and its Financial Institution to deposit monies automatically to my Bank account. If monies to which I am not entitled are deposited in my account, I will return said monies. This authority will remain as long as I am a participant in the benefit offered by my Employer named above or until I have cancelled it in writing. Further, I understand that Medcom may remove my banking information from my account and send my reimbursements via check if my bank rejects a direct deposit for any reason. I also understand that by providing my email address, all correspondence from Medcom concerning the Benefit Plan in which I am enrolled will be sent to me via email to the address listed above.

Signature _____

Date _____