

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE INFORMATION (Please Print)			
Employer:			
Employee Name:		Employee Social Security Number:	
Address:	City:	State:	Zip:
Email Address:			

I wish to receive my spending account reimbursements by Direct Deposit. I hereby authorize Health Economics Group, Inc. (HEG) to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated below and to credit the same to such account. If necessary, HEG may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until HEG has received written notification from me of its termination in such time as to afford HEG and my bank a reasonable opportunity to act on it.

Please note: If you elect the direct deposit option for receiving your payment of flexible benefits, you will receive a summary of your claims submitted every 90 days instead of an "explanation of benefits" at the time of each deposit.

BANK INFORMATION (Please Print)	
Bank:	
Routing Number:	
Account Number:	
Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Is this a change to a current authorization? Yes No

Signature: _____ Date: _____

DIRECT DEPOSIT ACCOUNT VERIFICATION

Please attach a void check in this area so that we may verify your routing and account numbers.

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