

# **Direct Deposit Request Form**

# Instructions

- 1. Please write legibly to ensure proper processing.
- 2. Be sure to sign the form and submit! Please fax, email or mail a signed claim form, but choose one method only. Fax: (425) 233-6366 or toll-free (866) 535-9227
  - Email: election@naviabenefits.com

Mail: Navia Benefit Solutions, PO Box 53250 Bellevue, WA 98015-3250

# Did you know you can enter direct deposit information <u>online</u>? No paperwork necessary, just log in to the participant portal and click 'Update My Information'!

# **Employee Information**

Last Name, First Name		SSN / Employee ID #
Home Address (Street, City, State, Zip Code)	Please update my address on file	Phone Number
Employer Name		Email Address - required to issue debit card

# **Direct Deposit Request**

	tronically deposited into you u do not need to complete t	ar bank account. If you've previously signed up for direct deposit your information this section.
Yes	Checking	Account #:
🖵 No	Savings	Routing #:
	ill be initiated according to y bear in the designated accou	our employer's reimbursement schedule. Deposits may take up to two (2) unt.

Returned items due to incorrect banking information are assessed a \$10.00 fee.

□ YES, I authorize Navia Benefit Solutions to electronically deposit my FSA reimbursements into the above specified bank account. This authority will remain in full force and effect until Navia Benefit Solutions has received written notification from me of its termination in such time and in such manner as to afford Navia Benefit Solutions and the banking institution a reasonable opportunity to act on it.

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Employee Signature

Date

Need help filling out your form? Call Customer Service at (425) 452-3500 or toll free (800) 669-3539.