



## FLEXIBLE BENEFITS PLAN DIRECT DEPOSIT AUTHORIZATION FORM

Direct deposit is a service we are very pleased to offer you. Direct Deposit eliminates the possibility of your check being lost or delayed. Each time a deposit is made to your account, you will be mailed an Explanation of Benefits that shows the deposit made as well as a summary of your account. This will let you keep track of your account.

### Instructions

- ✓ *Via Mail:* Complete the Authorization Agreement Form for Automatic Deposit. Your signature is required to process this request and you will need to attach an original voided blank check.  
Mail to: HealthComp, LLC, P.O. Box 45018, Fresno, CA 93718-5018.
- ✓ *Via Email:* Scan the completed form/voided check and send to: [flexbenefits@healthcomp.com](mailto:flexbenefits@healthcomp.com).

If you have any questions, please call (800) 442-7247.

Authorization Agreement for Automatic Flexible Benefits Reimbursement Deposits	
Employee Name:	Daytime Phone:
Employee Address:	Social Security #:
Email Address:	
I hereby authorize HealthComp to make deposits into my (check one):	
<input type="checkbox"/>	Checking Account. <i>voided check is attached</i>
<input type="checkbox"/>	Savings Account, Bank Routing # _____ Saving Account # _____
This authority will remain in full force and effect until HealthComp has received written notification from me of its termination in such time and such manner as to afford HealthComp and my financial institution a reasonable opportunity to act on it.	
_____	
Signature	
_____	
Date	