

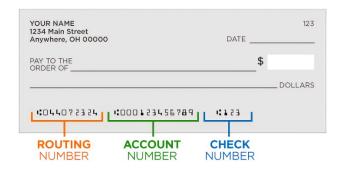


DIRECT DEPOSIT AUTHORIZATION REQUEST MyChoice Accounts Reimbursements

By authorizing and submitting the form below, MyChoice Accounts will electronically transfer your approved reimbursement requests via Direct Deposit into your bank account. Direct Deposit is convenient and there is no need to worry about mail delivery or waiting for the check to clear.

Signing up for Direct Deposit is as Simple as 1, 2, 3...

Step One: Complete the below form in its entirety, so that there are no issues processing your banking information.



Step Two: Sign and Date the form

Step Three: Submit the form to MyChoiceAccounts by following one of the below options:

Email to: claims@mychoiceaccounts.com

Fax to: 1-855-883-8542

Mail to: My Choice Accounts

PO Box 105168 MSC 345475

Atlanta, GA 30348-5168



Email To: claims@mychoiceaccounts.com

Fax To: 1-855-883-8542
Mail To: My Choice Accounts
PO Box 105168
MSC 345475
Atlanta, GA 30348-5168

Direct Deposit Authorization Form Use CAPITAL LETTERS only, completely fill in and please don't use red ink

Company Number	Social	Social Security Number (No Dashes)											
First Name													
Last Name													
MY BANK INFORMATI	ON] [] [] [
	ON												
Bank Name													
Account Name													
Account Type (Enter 'Y'	into box next	to the type	of account	vou woi	ıld like ı	reimbu	ırsemer	nts to b	ne deno	osited i	nto)		
	SAVINGS:												
			•										
Start Date (MM/DD/YY t	to start using a	account)	Sto	p Date	(MM/I	DD/YY	to stop	using /	accoun	it- not i	equire	d)	
Routing Number								J					
Account Number													
Signature				Lai	uthorize	MvCh	oice Ac	counts	to init	iato cre	dit ent	rios	
-				an	d, if nec	essary	, to initi	ate an	y debit	entrie	s and		
Signature Date (MM/DI	D/YY)			ba	nk accou	unt. I u	ındersta	nd tha	at this a	authori	zation v	will	
, ,	, i				nain in e		until My ion fron						

