



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.

YOUR NAME 1234 Main Street Anywhere, OH 00000	DATE _____	123
PAY TO THE ORDER OF _____	\$ _____	
_____ DOLLARS		
044072324	000123456789	123
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

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

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

MY INFORMATION

Company Number

Social Security Number (No Dashes)

First Name

Last Name

MY BANK INFORMATION

Bank Name

Account Name

Account Type (Enter 'Y' into box next to the type of account you would like reimbursements to be deposited into)

CHECKING:

SAVINGS:

Start Date (MM/DD/YY to start using account)

 / /

Stop Date (MM/DD/YY to stop using account- not required)

 / /

Routing Number

Account Number

Signature

Signature Date (MM/DD/YY)

 / /

I authorize MyChoice Accounts to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries to my bank account. I understand that this authorization will remain in effect until MyChoice Accounts has received written notification from me of its termination or change.



ACH Authorization