



Authorization for Electronic Funds Transfer (EFT) / Direct Deposit Form

Expedite your EFT Setup

Submit your EFT/Direct Deposit information by logging into your MyFlex account at hrbenefitsdirect.com/PSA/signin.aspx and selecting the Profile Tab. A voided check is not required if this information is submitted online. Download login instructions by going to PSA.PacificSource.com/Forms_Flex.aspx and clicking on MyFlex Online Claim Submission Instructions.

Form Submission Instructions

Please mail your completed form to PacificSource Administrators at PO Box 2797, Portland, OR 97208-2797 or fax a copy to (866) 446-6090. (Decorated checks and security watermarks can sometimes distort or hide the account numbers when faxed.) Allow 3 to 5 business working days for processing of this authorization. You will receive regular reimbursement checks until this request is processed.

Important Information Regarding EFT/Direct Deposit Reimbursement

(Please read before signing the Authorization Agreement form.)

- Participants who wish to have their reimbursement checks deposited directly into their bank account must complete an Authorization Agreement for EFT/Direct Deposit Form and mail it to PacificSource Administrators with their voided check.
- Once you agree to the EFT/Direct Deposit process, all reimbursement transactions will be in this format until we receive your written request to cancel the process.
- *No written notice of EFT/Direct Deposits will be sent.*



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Employee

Employer _____ Member ID _____
Employee Last Name _____ First Name, MI _____

Account Information

Please check one of the following:

- Add.** Deposit my reimbursement funds to the account shown.
- Change.** Change my financial institution and/or account number.
- Cancel.** Stop my participation in the direct deposit program.

Type of account. Please check one of the following:

- Checking** (default if none selected)
- Savings**

Authorization

I hereby authorize PacificSource Administrators to initiate deposits to the bank account indicated below. I authorize credit entries and, if necessary, debit entries or adjustments for any credit entries made in error to my account. This authority will remain in effect until PacificSource Administrators has received written notification from me of its termination in a manner that allows PacificSource Administrators a reasonable opportunity to act upon it. I understand that PacificSource Administrators will not provide written statements advising me of deposits. I have read and understand the information on the reverse side of this form.

Employee Signature _____ Date _____

Attach Voided Check Below

Please tape your voided check here.

(Do not send deposit slips.)