

Preferred Health Plan of the Carolinas Direct Deposit Authorization Form

Before completing this form, read the back and make sure you understand the terms and conditions of the agreement. Fill in the boxes below and sign the form.

Employer: _____

Last Name: _____

First Name: _____ Mi: _____

Social Security Number: _____

Work Number: _____

Name of Financial Institution: _____

Account Number: _____

Routing Number: _____

Type of Account: Checking _____ Saving _____

I certify that I have read and understand the back of this form. By signing the agreement, I authorize Preferred Health Plan of the Carolinas to initiate credit entries to the account indicated above for the purpose of reimbursement from my Flexible Spending Accounts and HRA Account. I also authorize PHP of the Carolinas to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

Terms and Conditions for Participating in Flexible Spending Account Direct Deposit

If you are participating in a Flexible Spending Account (FSA) and / or HRA Account, you have the option of having your authorized reimbursements deposited directly into your account at your financial institution rather than receiving the payment by mail. The following are the terms and conditions for participating in the Direct Deposit program.

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the FSA/HRA Direct Deposit program.
2. You must complete this authorization form to enroll in the FSA/HRA Direct Deposit program. A signed and dated form is required for processing.
3. It is your responsibility to notify PHP of the Carolinas immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action as CHANGE, and specify the new account information.
4. You may cancel your participation in the FSA/HRA direct deposit program at any time by completing this form indication the action is CANCEL. The cancellation will take effect as of the date you indicate or as soon as the form is received and processed by PHP of the Carolinas, whichever is later.
5. This agreement may also be canceled by your financial institution or PHP of the Carolinas. PHP of the Carolinas reserve the right to automatically cancel your participation in the FSA/HRA direct deposit program upon your termination of employment or termination of your Flexible Spending Account.

If you have any questions regarding this form, call De Stevenson at 704-847-2321 ext 305 or 866-636-0239 ext 305.