

Action Required

Your SelectAccount spending account, HSA, FSA, VEBA or HRA, will no longer be mailing paper checks for claim reimbursements in the future. When you sign up for direct deposit, you give SelectAccount authorization to deposit your medical spending account reimbursements directly into the checking or savings account of your choice.

Once you have authorized SelectAccount to automatically deposit your claim reimbursements, there is no need to re-enroll in subsequent plan years unless there is a change in your bank information.

Please take a moment today to complete a direct deposit arrangement. This can be done at www.SelectAccount.com or by completing the information below.

You can also contact SelectAccount at 1-× □□ 231-214 □ and a member of their customer service team will assist you in signing up for direct deposit.

checking	or	savings account
Name of mem	ber (pl	ease print):
SelectAccount	ID or S	Social Security Number:
Email address	:	
Employer's na	me:	
Bank name: _		
Bank phone n	umber	:
Bank ABA Rou (The ABA routing num	iting N ber is the i	umber:nine-digit number located in the bottom left corner of your check or savings deposit slip)
Bank Account	Numb	er:
Signature of B	ank Ac	count Holder:
Date signed: _		

Email completed form to customersolutions@selectaccount.com; mail to SelectAccount, PO Box 64193, St. Paul, MN 55164-0193; or Fax to 651-662-7247 / 1-866-231-0214