

DIRECT DEPOSIT AUTHORIZATION FORM

(C)

EMPLOYER: _____ GROUP #: _____

NAME: _____ SOCIAL SECURITY #: _____

HRA (Health Reimbursement Arrangement)

Flexible Spending Account (FSA)
Medical or Dependent Care

You can choose Direct Deposit of your reimbursements. Indicate below appropriate account information for your reimbursements. You can change your Direct Deposit elections at any time effective at the time described below. If you have multiple accounts (HRA and FSA for example), fully complete multiple forms to guarantee proper processing.

ORIGINAL

CHANGE

I hereby authorize Medica, its affiliates and subcontractors acting on behalf of Medica to initiate credit entries to the checking account identified below and to initiate debit entries or adjustments for any credit entry made in error to this same account. In addition, I hereby request and authorize the financial institution named below to accept such entries.

CHECKING ACCOUNT

SAVINGS ACCOUNT

BANK NAME _____ BRANCH _____ CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NAME _____ ACCOUNT NO. _____

For Direct Deposit to a CHECKING ACCOUNT, attach a copy of a voided CHECK here.

For Direct Deposit to a SAVINGS ACCOUNT, attach a copy of a voided DEPOSIT SLIP here AND verify that bank routing number is indicated above.

This authorization will remain in full force and effect until Medica has received written notification from me of its termination in such time and in such manner as to afford Medica and the Bank a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

Print Name: _____

Mail to:

Medica Consumer Directed Solution powered by OptumHealth Financial Services

PO Box 981505

El Paso Tx 79998

Fax Number: 915-231-1710

For questions call: Medica Customer Service: (952) 945-8000 (800) 952-3455 or Hearing Impaired Members with a TTY: (952) 992-3190 (800) 841-6753

Medica® is a registered trademark of Medica. "Medica" refers to the family of health plan businesses that includes Medica Holding Company, Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, Medica Foundation, and Medica Affiliated Services.