

Health Reimbursement Arrangement (HRA)

Account Authorization for Direct Deposit

Your HRA distributions may be deposited directly into your account or joint account with your spouse at your bank or other financial institution. To sign up, please complete this form, and return it to the address listed at the bottom.

Your Employer:	
EMPLOYEE INFORMATION:	
Name:	Social Security Number:
Street Address:	
City, State Zip:	
E-mail Address:	Phone Number:
AUTHORIZATION:	
I authorize MidAmerica Administrative & Retirement Solutions, Inc. to deposit my HRA claims directly into my account until I give further written notice to MidAmerica. I understand that it may take up to 72 hours from the time MidAmerica processes my payment for the funds to post to my designated bank account.	
Your signature Date	-
Bank Account Information	
Bank Name: Ba	nk Telephone Number:
Bank Address:	
Account Type: (check one) Checking	Savings
(Attach voided check)	(Attach voided deposit slip)
Transit Routing Number Account Nu	mber
Type of transaction (check one):	
☐ New request for Direct Deposit	
☐ Change current Direct Deposit information	
Cancel Direct Deposit	

Submit completed form and attachments to:
MidAmerica Administrative & Retirement Solutions, Inc.
Dept. HRA Admin
211 East Main Street, Suite 100
Lakeland, FL 33801