



Direct Deposit Authorization Form

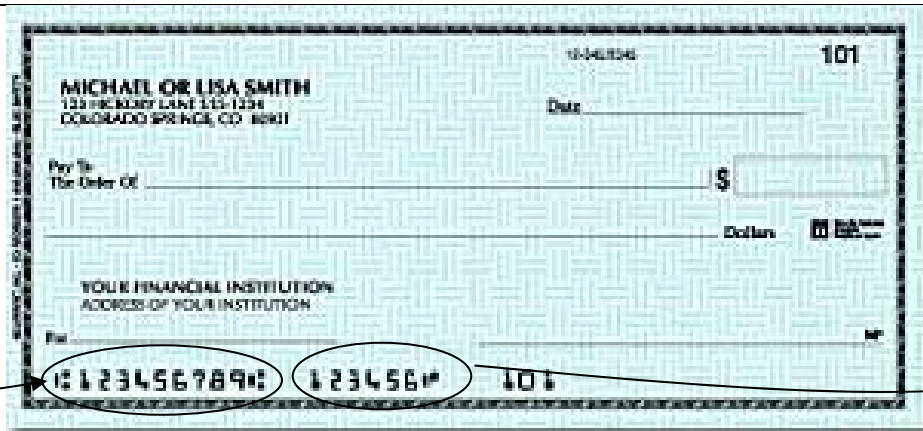
Please complete and sign for convenient Automatic Deposit Option with email notifications.

If you have any questions, please contact us at 1-877-385-8775 or visit www.healthscopebenefits.com

Employee Name:	
Employee Social Security#:	
Address:	
City, State, Zip:	
E-mail Address (Required):	
Signature:	Date:

Please attach a voided check or a copy of a check and fill in the information below.

Bank Name:
Bank Routing Number (9 digits):
Bank Account Number:



PLEASE SEND COMPLETED FORM TO:

MAIL: HealthSCOPE Benefits
P.O. Box 350
Little Rock, AR 72203

E-MAIL: FlexServices@HealthSCOPEBenefits.com

FAX: 1-877-240-0135