

Direct Deposit Form

Follow these easy steps:

1. Complete all entries on this Direct Deposit form. Please print.
2. Sign and date this form.
3. Fax to ConnectYourCare at (866) 879-0812.

Employer Name _____

Purpose of Form:

- Initiate Direct Deposit
- Change Direct Deposit account information
- Cancel Direct Deposit

Faster

With Direct Deposit, your reimbursement is deposited directly into your account. No need to worry about mail delivery, getting to the bank or waiting for the check to clear.

Safer

Direct Deposit is a direct credit from ConnectYourCare to your bank account and is the safest way to deposit your reimbursement. Never worry about checks getting misplaced, lost or stolen.

Smarter

Direct Deposit is convenient. Regardless of your schedule, the weather, or your availability, your money will always make it to the bank – even when you can't.

Employee Name	Social Security Number
Street Address	Email Address
City, State, Zip Code	Work Phone Number

Bank Name	Bank Routing Number
Street Address	Account Number
City, State, Zip Code	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize ConnectYourCare, LLC to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries to my bank account. I understand that this authorization will remain in effect until ConnectYourCare, LLC has received written notification from me of its termination or change.

Employee Signature

Date



Your bank may have a separate routing number for ACH transactions. Please verify the routing number with your financial institution to prevent delays.