



Wellmark Blue Cross Blue Shield of Iowa  
Wellmark Blue Cross Blue Shield of South Dakota

# Reimbursement Account Authorization Agreement for Direct Deposit

## Health, HRA and Dependent Care Reimbursement Accounts

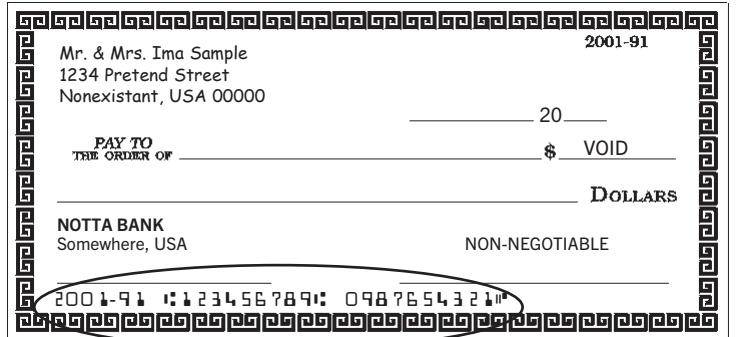
I hereby authorize Wellmark Blue Cross and Blue Shield to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to the account identified below. This election shall remain in force until revoked by me.

This agreement is:  New  Change  Cancel

Account Number: \_\_\_\_\_

Transit ABA Routing #: \_\_\_\_\_

- The **Transit ABA Routing #** includes all of the numbers before the colon in the middle of the number. Be sure to include any zeroes at the beginning or end.
- The **Account Number** includes all of the numbers after the colon in the middle of the number. Be sure to include any zeroes at the beginning or end.



Account Type:  Checking  Savings

Name of Bank: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

If you are requesting direct deposit, you must attach a voided check for verification and reference. For any requests other than the beginning of your plan year, it will take two check cycles for the automatic deposit authorization to be processed.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Complete, sign and send this form and a voided check for new and/or change requests to:

Flexible Benefits Department  
Wellmark Blue Cross and Blue Shield  
PO Box 14585  
Des Moines, Iowa 50306-3585  
Fax # (515) 376-9002  
[www.wellmark.com/flex](http://www.wellmark.com/flex)