

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:
<p>AUTHORIZATION:</p> <p>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.</p> <p>_____</p> <p>Your signature Date</p>	

Bank Account Information																														
Bank Name:	Bank Telephone Number:																													
Bank Address:																														
Account Type: (check one) <input type="checkbox"/> Checking (Attach voided check) <input type="checkbox"/> Savings (Attach voided deposit slip)																														
Transit Routing Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>											Account Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>																			
Type of transaction (check one): <input type="checkbox"/> New request for Direct Deposit <input type="checkbox"/> Change current Direct Deposit information <input type="checkbox"/> 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