

## MONEY IN THE BANK

**Take the hassle of getting to the bank in time to deposit your checks!**

### Direct Deposit Authorization - Claim Reimbursement

Direct Deposit is a safe, easy, and convenient feature that many employees appreciate. This service is provided to save you time in the claim reimbursement process. If you decide to use Direct Deposit, your reimbursement checks will be automatically deposited into any checking or savings account that you designate.

When you complete the authorization form below, you are directing Compass Bank to deposit your reimbursements to your checking or savings account. Once you have completed this form, please return it to Medcom, your employee benefits administrator.

- **Fill the form out completely** with your name, Social Security Number, daytime telephone number, Employer's name, and your email address. *Please note that by providing your email address you are authorizing Medcom to submit all future correspondence to you via email.*
- Mark the appropriate box to indicate whether your reimbursement should be deposited to your checking or savings account.
- To process this request, **you must attach** either: a voided check (for checking account), **OR** a voided savings deposit slip (for savings account).
- Sign, date, and return this form by mail or by fax to:

**Mail:** Medcom, Flex Division, P.O. Box 10269, Jacksonville, FL 32247-0269

**Fax:** 877.723.0149

<b>Employee Name</b>	<b>Social Security Number</b>
<b>Daytime Telephone Number</b>	<b>Email Address*</b>
<b>Employer Name</b> <small>*by providing your email you are authorizing Medcom to submit all future correspondence to you via email</small>	

<b>Financial Institution/Bank Name</b>	<b>Financial Institution's Address</b>
<input type="checkbox"/> <b>Checking Account</b> <input type="checkbox"/> <b>Savings Account</b>	<b>Financial Institution's City, State, Zip</b>
<b>Account Number</b>	<b>Name as it appears on the Account</b>
<b>Transit Routing Number/ABA</b>	

I, hereby attest that I have printed and signed my name below and, authorize Compass Bank to deposit monies automatically to my Bank account. If monies to which I am not entitled are deposited in my account, I authorize Compass Bank to direct my Bank to return said monies. This authority will remain as long as I am a participant in the Flexible Spending Accounts offered by my Employer named above or until I have cancelled it in writing. I also understand that by providing my email address, all correspondence from Medcom concerning the Flexible Spending Account and/or Health Reimbursement Arrangement will be sent to me via email to the address listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



P.O. Box 10269  
Jacksonville, FL 32247-0269  
Toll Free: (800) 523-7542  
Toll Free Fax: (877) 723-0149  
[www.medcom.net](http://www.medcom.net)

Customer Service  
Monday - Friday  
8:30 AM to 5:00 PM (EST)  
Email: [MedcomReceipts@medcom.net](mailto:MedcomReceipts@medcom.net)