



**DIRECT DEPOSIT
EMPLOYEE AUTHORIZATION AGREEMENT (ACH CREDIT/DEBIT)**

EMPLOYER NAME: _____

EMPLOYER GROUP NUMBER: _____

EMPLOYEE LAST NAME: _____

EMPLOYEE PHONE #: _____

EMPLOYEE FIRST NAME: _____

EMPLOYEE M.I.: _____

EMPLOYEE ID: _____

EMPLOYEE E-MAIL: _____

I hereby authorize Meritain Health, to initiate credit entries to my Personal Bank Account, and to initiate, if necessary, debit entries and adjustments for any credit activities in error to my Personal Bank Account indicated below and the financial institution named below, hereinafter called BANK to credit and/or debit the same such account.

BANK NAME: _____ ROUTING NUMBER: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

BANK PHONE #: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

ATTACH VOIDED CHECK HERE
(Do not attach a direct deposit slip)

This authorization is to remain in full force and effect until Meritain Health has received written notification from me of its termination in such manner as to afford Meritain Health and BANK a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: _____

Please send the completed form to Meritain Health. Fax: 1.952.593.3779 or E-mail: enroll@meritain.com