



Please type or print all information.

BASIC

**DIRECT DEPOSIT
FORM**

COMPLETE THIS FORM AND
FAX, MAIL OR EMAIL TO:

9246 PORTAGE INDUSTRIAL DR.
PORTAGE, MI 49024
F 269.327.0716
F 800.391.6562

claims@basiconline.com

PARTICIPANT INFORMATION

Company Name:

Employee Last Name:

Employee First Name:

Last Four Digits of Social Security Number:

Date of Birth:

Email:

(Notification of direct deposit payment is sent via e-mail only)

REQUEST FOR DIRECT DEPOSIT (This option may not be available for all employers)

I elect to participate (please do not fill out if you are already participating, unless you are changing accounts)

checking account OR savings account

CHECK EXAMPLE

⑆ 1 23456789 ⑆ 0000 1 23456 ⑆ 1 234

routing number account number check number

Financial Institution (name of bank):

Routing Number (always 9 digits):

Account Number:

PLEASE NOTE:

- Direct Deposit may not be offered as a reimbursement option under your plan. For confirmation of availability, please check with your employer.
- By completing this form you are authorizing **all** benefit plan reimbursements to be sent via direct deposit

I hereby authorize BASIC to electronically deposit my reimbursements for all benefits to the bank account provided. I understand BASIC does not control when funds will be made available by my bank. If a deposit is deemed ineligible after payment, I authorize BASIC to withdraw those funds electronically from my account.

SIGNATURE _____ **DATE** _____

Direct deposits will begin approximately 2 weeks after we receive this completed form.