MERCER MARKETPLACE 365[SM]
RETIREE

DIRECT DEPOSIT FORM- for qualified expenses

This is an optional form.

IMPORTANT INFORMATION:

To allow payments for reimbursement of eligible expenses and/or premium(s) under your subsidy to be directly deposited into your bank account, please complete this form. **We will be unable to process forms with missing information.**

PLEASE CHOOSE THE TYPE OF ACCOUNT:

☐ **CHECKING**

Submit a voided check (required) for the account you wish the deposit to be made. The routing number is the 9-digit number located in the lower left hand corner of the check. Your account number is the next set of digits following your routing number.

☐ **SAVINGS**

List your account number and routing/transit number below. Ask your bank to provide you with the routing/transit number for your account. The routing/transit number is not always the same as the number on a savings deposit slip.

Please provide the following information regarding the bank account to receive direct deposits for reimbursements from your subsidy:

Name(s) on the Account: _____

Former Employer Name: _____

Bank Name: _____ Bank City/State: _____

Routing/Transit Number: _____

Account Number: _____

ACCOUNT AUTHORIZATION:

Please read and sign before completing and submitting.

I hereby authorize my former employer and the Program Manager, Mercer Health & Benefits Administration, (hereinafter collectively referred to as "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

PARTICIPANT NAME (please print) SSN (LAST 4 DIGITS)

SIGNATURE DATE