

Direct Deposit Authorization of Reimbursement Claims
For Subscriber/Participant

Subscriber/Participant Name: _____ **Company Name:** _____

Subscriber SSN or Unique Member ID (UMID): _____

I hereby authorize Humana Inc. to either (check one): _____ initiate or _____ terminate credit entries, or debit entries for account correction to my (check one): _____ Checking Account _____ Savings Account

This authority will remain in full force and effect until Humana has received written notification from me in such time and in such manner as to afford Humana a reasonable opportunity to act on it. Humana is not responsible for any bank fees related to expenditures made before an actual direct deposit is in my account. It is my responsibility to verify that the funds are in my reimbursement account before expending them.

Signature: _____ **Date:** _____

Please check one of the following:

- ☐ I would like to initiate direct deposit for qualified expenses via electronic transfer into the checking or savings account designated below.
- ☐ I would like to discontinue receiving electronic funds transfer for claim(s) reimbursement.
- ☐ I would like to change the bank account information currently on file. (Failure to submit a new authorization form will result in termination of direct deposit).

**** An actual voided check must be attached****

Staple voided check here

Member Name Address City, State Zip	Check No. 123
Pay to the Order of	Date
<div style="font-size: 4em; font-weight: bold; opacity: 0.5;">VOID</div>	\$ _____
ABC Bank City, State	Dollars
For _____	_____ MP
12345678	0123456789
1234	
ABA #	Acct#

This form will not be processed without a voided check for a checking account. If your request is for direct deposit into a savings account, obtain your transit routing (ABA) number from your banking institution and provide it below. Direct Deposit is available for any checking or savings account from any financial institution that is a member of the U.S. Federal Reserve System.

Bank Account Number: _____ **Bank Name:** _____

City: _____ **State:** _____ **Bank Branch Phone Number:** _____

ABA Number (This # should start with a 0, 1, 2 or 3): _____

Please allow sufficient time for processing of your direct deposit request. Any pending disbursements may be made by check until that time. If you are changing direct deposit accounts, a pending disbursement could be made to the existing account on file until we have updated your information.

With direct deposit, you can view your reimbursement detail at **Humana.com** by logging into your *MyHumana* personal home page, go to Claims and Spending, select the "Spending Account" link in the drop-down menu, and view Account Activity.

Mail to: Humana Spending Account Administration
P.O. Box 14167, Lexington, KY 40512-4167