



Direct Deposit Authorization Form

(Please complete and mail to Region I at 3031 17th Street South, Moorhead, MN 56560, e-mail to claims@r1benefitstoday.org, or fax to 218-236-2368)

Please check one - New Account Change of Account Cancel Account

I authorize Region I and the financial institution listed below to initiate electronic entries to my

Checking Account Savings Account

for flexible spending account claim payments. I understand that I will not receive a mailed ACH notification of claims paid, however, I may view claim payments made on my behalf on the Participant Portal at <https://www.mywealthcareonline.com/r1benefitstoday>. This authority will remain in effect until I have cancelled it in writing.

DATE _____

YOUR SIGNATURE _____

DISTRICT OR ENTITY NUMBER _____

YOUR NAME (Please Print) _____

BANK NAME _____

BANK LOCATION (CITY/STATE) _____

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER INFORMATION

(Lower Left Hand Corner of Check)

* ← STAPLE VOIDED CHECK HERE

PLEASE ATTACH A VOIDED CHECK FOR DIRECT DEPOSIT TO A CHECKING ACCOUNT ONLY. FOR DIRECT DEPOSIT TO A SAVINGS ACCOUNT, PLEASE FILL IN THE TRANSIT ROUTING AND ACCOUNT NUMBER BOXES SHOWN ABOVE.

IF YOU ARE E-MAILING OR FAXING THIS DOCUMENT, PLEASE MAKE A COPY WITH THE ATTACHED CHECK BEFORE YOU SUBMIT TO OUR OFFICE.