



Required Employee Information

Last Name, First Name:	Last 4 of SSN / DOB:
Employer Name:	Plan Type:
Email Address:	Phone Number:

Direct Deposit Information

Reimbursements are electronically deposited into your bank account.	
<small>(check one box below)</small>	
<input type="checkbox"/> Checking	Routing # _____
<input type="checkbox"/> Savings	Account # _____
<ul style="list-style-type: none"> ❖ All direct deposits will be initiated according to your employer's reimbursement schedule. ❖ Deposits may take up to two business days to appear in the designated account. ❖ Returned Items due to incorrect banking information are assessed a \$10.00 fee. ❖ Please write legibly to ensure proper processing. ❖ Be sure to sign and submit the form securely using one of the following methods. 	
<p>I hereby authorize Navia Benefit Solutions to electronically debit my HRA reimbursements into the above-specified bank account. This authority will remain in full force and effect until Navia Benefit Solutions has received written notification from me of its termination at such a time.</p>	
X _____ Employee Signature	_____ Date

Navia Benefit Solutions
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