



Direct Deposit Authorization of Reimbursement Claims For Employee/Participant

Employee/Participant Name: _____ Employee SSN: _____

Company Name: _____

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 Inc. has received written notification from me in such time and in such manner as to afford Humana Inc. a reasonable opportunity to act on it. Humana Inc. 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: _____

**An actual voided check must be attached **

Staple voided check here

ABC Bank Springfield, CA 12345		Check No. 123
_____ Hardware Store Inc.		_____ 9/01/2004 Date
_____ One hundred dollars and six cents Amount		_____ 100.06
078546125	8564215788	_____ signature
123		

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ABA #
Acct #

Use this form to request reimbursement for qualified expenses to be made to you via electronic transfer into your checking or savings account. You may also use this form to discontinue receiving electronic transfers. 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 that does not have checks, obtain your transit routing (ABA) number from your banking institution and provide 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): _____

With direct deposit, you are able to view your payment detail at www.Humana.com by logging in to your MyHumana personal home page, then access your FSA or PCA benefit and select the "Direct Deposit" link in the drop-down box. Because this is a new direct deposit setup, the next disbursement after this election will be in the form of a check, and subsequent disbursements will be direct deposit. Any change in bank information will require a new authorization form to be completed and submitted to Humana. Failure to submit a new authorization form will result in termination of direct deposit.

**Mail to:
Humana Spending Account Administration
P.O. Box 19068, Green Bay, WI 54307**