

**MAIL TO:**

Highmark Blue Cross Blue Shield Delaware  
Flexible Benefits Department  
P.O. Box 8737  
Wilmington, DE 19899-8737

## Authorization Agreement for Automatic Deposits (Credit and Debit) Direct Deposit for Flexible Spending Account or for Health Reimbursement Arrangement

**Please Print All Requested Information**

Name of Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I/we authorize with my/our signature(s) below that the following is true solely with respect to the deposit of or correction to my Flexible Spending Account reimbursement or to my Health Reimbursement Arrangement:

Highmark Blue Cross Blue Shield Delaware may make credit and debit entries to my/our  
☐ **Checking** / ☐ **Savings** Account(s) with the institution named below, hereinafter called the  
Depository, and the Depository may make credit and debit entries to the same account(s).

Depository Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Bank Transit/ABA Routing 9-digit Number (numbers only, no symbols):

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**\*Note:** The first nine digits in the lower left-hand corner of a check combine to form your Bank Transit/ABA Routing Number.

**Please attach a copy of a voided check**—not your deposit slip—for verification purposes. (See check facsimile below.)

**INVALID/RETURNED DIRECT DEPOSIT TRANSMISSIONS:** I understand and agree to pay \$25.00 for any invalid or returned deposit transmissions due to incorrect bank information supplied by me.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Account Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAVINGS ACCOUNTS** can have different routing numbers than checking accounts. To insure this information is correct and there are no delays in processing your reimbursement, please contact your institution directly for the proper information.

**CREDIT UNIONS, MONEY MARKET OR BROKERAGE ACCOUNTS** often use different account and routing numbers for automatic transfers from the one which is printed on your checks. To insure this information is correct and there are no delays in processing your reimbursement, please contact your institution directly for the proper information.

**BANK ROUTING  
NUMBER**



**Attach copy of  
voided check  
here.**

**QUESTIONS?**

**Visit our website:** [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com); select *Pre-Tax Benefits Program*

**Email us:** [Flex@bcbsde.com](mailto:Flex@bcbsde.com)

**Call us** at 1-800-559-Flex (3539) (toll free)