

Direct Deposit Authorization

INSTRUCTIONS (PLEASE PRINT ALL INFORMATION LEGIBLY).

1. Attach a voided check if you designate a checking account. **Do not submit a deposit slip.** If you designate a savings account, attach a completed Savings Account Direct Deposit Form from your financial institution.
2. Please sign and date the form. Omission of signature will delay processing.
3. Fax or Email completed form to (855) 495-3669 or benefits@mypeak1.com.
4. Notify Peak1 Administration immediately of any account changes or account closings.

Direct Deposit authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. Eligible claims submitted during the 10-day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account within five days after the reimbursement claim has been filed.

PARTICIPANT INFORMATION

First Name _____ Last Name _____
Social Security Number _____ Daytime Telephone _____ Email _____
Employer Name _____

PLEASE ATTACH A VOIDED CHECK BELOW

Setup your Direct Deposit Online

1. Log in to your Peak1 Participant Portal 24/7 by visiting www.mypeak1.com and click on the Participant Login icon.
**Should you need assistance with logging in, you may contact our MemberCare Team at 866.315.1777 or by emailing them at membercare@mypeak1.com.*
2. Once you reach your home page, follow the steps below for secure online setup:
 1. Click on My Accounts
 2. Click on Reimbursement Preference
 3. You may edit or add a checking or savings account from this page
3. Congrats! You have now completed the online direct deposit setup process. All future reimbursements will be directly deposited to this account!

BANK INFORMATION

- Check only one:
- Set-up Direct Deposit for:
 - Checking (attach voided check above)
 - Savings (attach a Savings Account Direct Deposit Form from your financial institution)
 - Change Account Information
 - Cancel Direct Deposit

Full Bank Name _____ Telephone _____

Bank Routing Number (9-digit number on lower left of check) _____

Bank Account Number (up to 17-digits) _____

IMPORTANT

- The designated account must be in your name.
- Processing of your Direct Deposit information will be delayed if you do not include both the bank account number and the bank routing number. Call your bank if you are unsure of your bank account information.

AUTHORIZATION

I hereby authorize Peak1 Administration to initiate credit entries for depositing my FSA, HRA and/or HSA reimbursements into my account designated above and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until Peak1 Administration has received written notification from me of its termination in such time and in such manner as to afford Peak1 Administration reasonable opportunity to act on it.

Employee Signature _____ Date _____

Fax or Email Completed Form To:
Peak1 Administration
Fax: 855.495.3669
Email: membercare@mypeak1.com