



Direct Deposit Request Form

Instructions

1. Please write legibly to ensure proper processing.
2. Be sure to sign the form and submit! Please fax, email or mail a signed claim form, but choose one method only.
 Fax: (425) 233-6366 or toll-free (866) 535-9227
 Email: election@naviabenefits.com
 Mail: Navia Benefit Solutions, PO Box 53250 Bellevue, WA 98015-3250

**Did you know you can enter direct deposit information [online](#)?
 No paperwork necessary, just log in to the participant portal and click 'Update My Information'!**

Employee Information

| | | |
|---|------------------|---|
| First Name | Last Name | SSN |
| Home Address (Street, City, State, Zip Code) <input type="checkbox"/> Please update my address on file | | Phone Number |
| Employer Name | | Email Address - required to issue debit card |

Direct Deposit Request

Reimbursements are electronically deposited into your bank account. If you've previously signed up for direct deposit your information will remain on file and you do not need to complete this section.

- Checking
 Savings

Routing #: _____

Account #: _____

All direct deposits will be initiated according to your employer's reimbursement schedule.

YES, I authorize Navia Benefit Solutions to electronically deposit my 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 in such time and in such manner as to afford Navia Benefit Solutions and the banking institution a reasonable opportunity to act on it.

X _____
Employee Signature

Date

Need help filling out your form? Call Customer Service at (425) 452-3500 or toll free (800) 669-3539.