



Direct Deposit Request Form

Instructions

1. Please write legibly to ensure proper processing.
2. Be sure to sign the form and submit! Form may be sent using the Navia Benefit Solutions website, using MyNavia App, or by e-mail but choose one method only.

E-mail: 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!**

Employee Information

First Name	Last Name	SSN
Home Address (Street, City, State, Zip Code) ☐ Please update my address on file		Phone Number
Employer Name		E-mail 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

Routing #:

☐ Savings

Account #:

All direct deposits will be initiated according to your Plan Administrators 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.