

Humana Access Spending Account

Direct Deposit or Prepaid Card funding Authorization Form

Subscriber/Participant Name: _____ Company Name: _____

Subscriber SSN or Unique Member ID (UMID): _____

I hereby authorize Humana Access to either (check one): initiate or terminate credit entries, or debit entries for account correction to my (check one): Checking Account Savings Account Prepaid Card

This will remain in place until Humana Access has received written notification from me. Humana Access 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 or on my prepaid card before spending them.

Signature: _____ Date: _____

Please check one of the following:

I would like to initiate direct deposit for qualified expenses via electronic transfer into the checking, savings or prepaid card account designated below.

I would like to discontinue receiving electronic funds transfer for claim(s) reimbursement.

I would like to change the bank account information currently on file. (Failure to submit a new authorization form will result in termination of direct deposit).

Attach voided check here:

Member Name Address City, State Zip	Check No. 123	
Pay to the Order of	Date	
ABC Bank City, State ZIP	Dollars	
For	MP	
12345678 Routing Number	0123456789 Account Number	1234

For direct deposit to a checking account, this form cannot be processed without a voided check. If your request is for direct deposit into a savings account or prepaid card account, you must complete all of the fields below and provide supporting documentation from your banking institution showing your correct bank account number and transit routing (ABA) number. Direct Deposit is available for any 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: _____

Routing (ABA) Number (This # should start with a 0, 1, 2 or 3): _____

Please allow five to seven business days for processing of your direct deposit or prepaid card funding request. Any pending disbursements may be made by check until that time. If you are changing direct deposit accounts, a pending disbursement could be made to the existing account on file until we have updated your information.

Mailing Address: Humana Access Spending Account Administration
PO BOX 14167, Lexington, KY 40512-4167

Fax Number: 1-800-905-1851

Email: SpendingAccountSubmissions@humana.com*

* While we can receive your documentation via email, this is not a secure channel to send personal information. By sending an email, you are accepting the risk that your information may be compromised. For optimal security, please fax or mail your documentation.

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