



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

Last Name, First Name		SSN / Employee ID #
Home Address (Street, City, State, Zip Code) ☐ 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.

☐ Yes

☐ Checking

Account #:

☐ No

☐ Savings

Routing #:

▪ All direct deposits will be initiated according to your employer's reimbursement schedule. Deposits may take up to two (2) business days to appear in the designated account.

▪ Returned items due to incorrect banking information are assessed a \$10.00 fee.

☐ **YES**, I authorize Navia Benefit Solutions to electronically deposit my FSA 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.