

**Authorization for  
Electronic Funds  
Transfer (EFT) / Direct  
Deposit**



PO Box 2797 ♦ Portland, OR 97208-2797  
Phone (541) 485-7488 ♦ (800) 422-7038  
FAX (866) 446-6090  
Pacifsource.com/PSA

**EMPLOYEE INFORMATION**

Employer \_\_\_\_\_

Employee Last Name      First Name      Middle Initial      9-digit Member ID beginning MC

**ACCOUNT INFORMATION**

Please check one of the following:

- ADD – Deposit my reimbursement funds to the account shown.
- CHANGE – Change my financial institution and/or account number.
- CANCEL – Stop my participation in the direct deposit program.

Type of account:  Checking       Savings

(If neither is marked, we will deposit to your checking account.)

I hereby authorize PacificSource Administrators to initiate deposits to the bank account indicated below. I authorize credit entries and, if necessary, debit entries or adjustments for any credit entries made in error to my account. This authority will remain in effect until PacificSource Administrators has received written notification from me of its termination in a manner that allows PacificSource Administrators a reasonable opportunity to act upon it. **I understand that PacificSource Administrators will not provide written statements advising me of deposits.** I have read and understand the information on the reverse side of this form.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH VOIDED CHECK BELOW**

**Please tape your voided check here.**

(Do not send deposit slips.)

Please mail completed form to PacificSource Administrators at the address above, or fax a copy to (866) 446-6090. (Decorated checks and security watermarks can sometimes distort or hide the account numbers when faxed.) Allow 10 working days for processing of this authorization. You will receive regular reimbursement checks until this request is processed.

#### Important Information Regarding EFT/Direct Deposit Reimbursement

(Please read before signing Authorization Agreement form.)

- Participants who wish to have their reimbursement checks deposited directly into their bank account must complete an Authorization Agreement for EFT/Direct Deposit Form and mail it to PacificSource Administrators with their voided check.
- If you are currently enrolled in an FSA, HRA, and/or Transportation Plan, the information will be entered and there will be a 10-day waiting period from the time PSA receives the authorization until it takes effect.
- If you are a new enrollee in an FSA, HRA, and/or Transportation Plan, your EFT information will be added after we receive and process your enrollment information. The 10-day waiting period begins the day you are entered into our system. Physical checks will be issued during that time. Claims will not be held for direct deposit.
- Once you agree to the EFT/Direct Deposit process, all reimbursement transactions will be in this format until we receive your written request to cancel the process.
- *No written notice of EFT/Direct Deposits will be sent.*