



<input type="checkbox"/> Enroll in Direct Deposit
<input type="checkbox"/> Cancel Direct Deposit

Please provide the following information:

Group/Company Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Bank \_\_\_\_\_

Account Number \_\_\_\_\_

9-Digit Routing Number \_\_\_\_\_

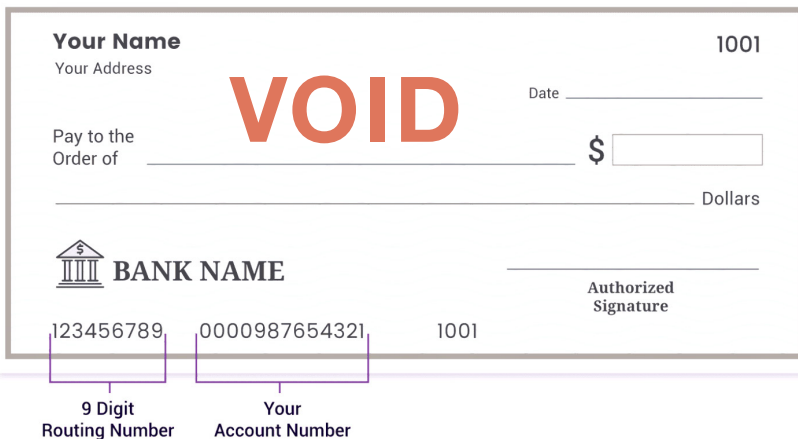
Type of Account:  Checking  Savings

Please attach a voided check for the bank account to which funds should be deposited.

Redwood Health Services (aka RHS) is authorized to process 100% of my FSA and/or HRA reimbursements by Direct Deposit to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to: [rhscustomerservice@rhs.org](mailto:rhscustomerservice@rhs.org)



**Note:** Transactions may appear on your bank statement as 'MBI' or 'MBI-SETL'.

MBI SETL is a legitimate payment processor used for healthcare transactions.