



(For Benefits Mastercard only.)

- ☐ Enroll in Direct Deposit
☐ 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

VOID

Your Name _____ 1001
Your Address _____
Date _____

Pay to the Order of _____ \$ _____
Dollars

BANK NAME _____
Authorized Signature _____

123456789 0000987654321 1001

9 Digit Routing Number Your Account Number

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

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