

# DIRECT DEPOSIT REQUEST FORM



Employer Name: \_\_\_\_\_

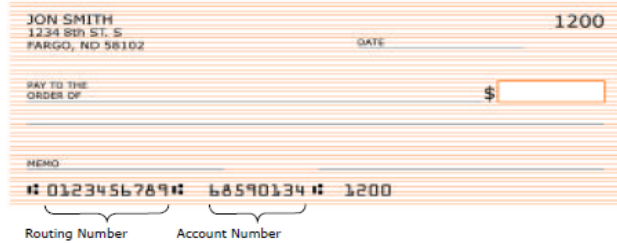
Employee Name: \_\_\_\_\_  
First Last Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type:  Checking  Savings



Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

*This account information will be used to issue claim reimbursements via direct deposit. If Banking information is not provided, reimbursements (for items not purchased with the benefit debit card) will be made via a paper check, mailed to the participant address on file.*

I hereby certify the information provided on this form is accurate. Further, I understand my completion and submission of this form authorizes Vimly Benefit Solutions to issue payment directly to the specified account unless I notify them otherwise.

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