region 1 | BENEFITS TODAY
Employee Benefit Administration Services

Direct Deposit Authorization Form

(Please complete and mail to Region I at 3031 17th Street South, Moorhead, MN 56560,
e-mail to **claims@r1benefitstoday.org**, or fax to 218-236-2368)

Please check one - □ **New Account** □ **Change of Account** □ **Cancel Account**

I authorize Region I and the financial institution listed below to initiate electronic entries to my

☐ Checking Account ☐ Savings Account

for flexible spending account claim payments. I understand that I will not receive a mailed ACH notification of claims paid, however, I may view claim payments made on my behalf on the Participant Portal at https://www.mywealthcareonline.com/r1benefitstoday. This authority will remain in effect until I have cancelled it in writing.

DISTRICT OR ENTITY NUMBER _____ YOUR NAME (Please Print) _____

MAILING ADDRESS _____

DATE _____ YOUR SIGNATURE _____

BANK NAME _____ BANK LOCATION (CITY/STATE) _____

TRANSIT ROUTING NUMBER ☐☐☐☐☐☐☐☐☐

(Lower Left Hand Corner of Check)

ACCOUNT NUMBER INFORMATION ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

* ← STAPLE VOIDED CHECK HERE

PLEASE ATTACH A VOIDED CHECK FOR DIRECT DEPOSIT TO A CHECKING ACCOUNT ONLY. FOR DIRECT DEPOSIT TO A SAVINGS ACCOUNT, PLEASE FILL IN THE TRANSIT ROUTING AND ACCOUNT NUMBER BOXES SHOWN ABOVE.

IF YOU ARE E-MAILING OR FAXING THIS DOCUMENT, PLEASE MAKE A COPY WITH THE ATTACHED CHECK BEFORE YOU SUBMIT TO OUR OFFICE.