



State of Indiana HRA – SB501 Direct Deposit Authorization Form



Complete, sign and return this form

Please Print Legibly

Employee Last Name:	Employee First Name:	MI:	Social Security Number:	980
Date of Birth:	Daytime Phone Number:	Email Address:		
Home Address:		City:	State:	Zip Code:

I, the above listed retiree or authorized representative, hereby authorize and request Key Benefit Administrators to initiate credit entries to the account indicated below for the purpose of direct deposit of qualified reimbursements from the Plan:

Depository Bank Name: _____

Branch: _____

City, State, Zip Code _____

Account Number: _____

Bank Account Transit Routing Number: _____

(Use the TRN from your Checking Account, not the number on the Savings Deposit Slip)

Type of account: Checking Savings

Checking Account – Please include a copy of a voided check for account verification.

Savings Account – Please include a copy of a voided withdrawal slip for account verification.

In the event of a bank deposit rejection because the retiree fails to advise KBA of a change in the banking account utilized for Direct Deposits, a fee of \$30.00 may be assessed. Please send in an additional copy of the Direct Deposit form with any bank changes.

Employee Signature: _____ Date: ____/____/____

PO Box 1179 – Fort Mill, SC 29716
Phone: 800-558-5553 – Fax: 866-241-1488 – Email: FlexPro@keybenefit.com
www.mywealthcareonline.com/flexpro

Direct Deposit Authorization Form Information

- Please print as clearly as possible so your information will be accurate in our system.
- Please note if this information has changed since KBA may have last been informed.
- KBA is set up to send Retiree communications quickly and efficiently via email. You will receive any letters requesting clarification and account statements via email more quickly than by regular mail, which also reduces the amount of paper used in preparing these letters.
- In the event of a bank deposit rejection because the retiree fails to advise KBA of a change in the banking account utilized for Direct Deposits, a fee of \$30.00 may be assessed. Please send in an additional copy of the Direct Deposit form with any bank changes.
- A signature is required on file for any account changes to ensure Retiree authorization of the change and to signify disclaimers have been read and understood.

Special Notes:

- *This authorization will remain in effect until written notice is received by Key Benefit Administrators indicating termination of this authorization.*
- *In the event of a bank deposit rejection because the retiree fails to advise KBA of a change in the banking account utilized for direct deposits, a fee of \$30.00 may be assessed.*

If copies of voided checks and withdrawal slips are not available, please obtain the correct ACH transit routing number and bank account number from the bank you want reimbursements deposited.