

Terms and Conditions for Participating in RHS Direct Deposit

Participants in the RHS reimbursement program can have authorized reimbursements deposited directly into their bank accounts rather than receiving the payment by check. The following are the terms and conditions for participating in the RHS Direct Deposit program. You do not have to participate in the RHS Direct Deposit Program to have an RHS account.

1. The RHS reimbursement program participant's financial institution must be a member of an Automated Clearing House (ACH).
2. Participants must complete this authorization form to enroll in the RHS Direct Deposit Program. A signed and dated form is required for processing. If participants have a joint account, both parties must sign the form.
3. Due to required security measures set by the National Automated Clearing House Association (NACHA), you will be required to take additional actions after the initial entry of your bank account information.

Once your bank account information has been added, a micro deposit transaction will be processed. A micro deposit is a random credit and debit transaction with the amount ranging between \$0.01 and \$0.99. Meritain does not control the amount processed. Once the micro deposit is confirmed, you must validate the bank account via the participant portal or by contacting our customer service team. This is a time sensitive matter; you will have 30 calendar days to validate the amount from the time the transaction is initially processed. If you do not validate within the 30 calendar days, the bank account on file will expire and will be updated to an inactive status. ***The presence of bank account information does not guarantee a direct deposit disbursement. The account must be validated in order to be used for direct deposit reimbursement.***

4. It is the participant's responsibility to notify Meritain immediately of any changes in the status of the bank account, such as a bank account closure or a change in the bank account number. Complete this form indicating the action is a change, and provide the new information. If there is interruption in the direct deposit service, the participant will receive checks for any reimbursement claims paid during that time.
5. If an electronic transfer is returned to Meritain or for any reason cannot be made to a participant's account, Meritain will investigate the cause and, if needed, will issue and mail a reimbursement check to the participant. Until the problem is corrected, the participant will continue to receive reimbursement checks in the mail.
6. Participants can cancel direct deposit at any time by completing this form and checking CANCELLATION. The cancellation will take effect as of the date the participant indicates, or as soon as the form is received and processed by Meritain.
7. Meritain reserves the right to cancel a participant's direct deposit services automatically upon termination of employment or termination of a participant's MissionSquare RHS account.
8. When a participant re-enrolls in an RHS in subsequent years, direct deposit services will remain in effect from one plan year to the next until the participant cancels the direct deposit services.

If you have any questions about this form, call Meritain at (888) 587-9441.

To set up direct deposit for your MissionSquare RHS account, read the bottom of this form and fill in the information requested in Section 1 and Section 2. Return the completed form to **Meritain Health, Inc., MissionSquare RHS Department, P.O. Box 30136, Lansing MI 48909-7611. Alternatively, you can request or update direct deposit by logging into your account at www.missionsquare.com.** Select your RHS plan and then Benefits Reimbursement to get to the Meritain Health claims portal.

Type of Transaction: ☐ New ☐ Change ☐ Cancellation

1 DEPOSITOR INFORMATION

EMPLOYER PLAN NUMBER:	SOCIAL SECURITY NUMBER:	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:
FULL NAME: LAST, FIRST, MI			
MAILING ADDRESS:			
STREET	CITY	STATE	ZIP

2 FINANCIAL INFORMATION

NAME(S) ON THE ACCOUNT:	☐ CHECKING ACCOUNT	☐ SAVINGS ACCOUNT
BANK OR FINANCIAL INSTITUTION:	ROUTING/TRANSIT NUMBER:	ACCOUNT NUMBER:
BANK MAILING ADDRESS:		
STREET	CITY	STATE ZIP

VOIDED CHECK (FOR CHECKING ACCOUNT) OR DEPOSIT SLIP* (FOR SAVINGS ACCOUNT) – THIS IS REQUIRED – PLEASE PLACE DIRECTLY BELOW

NAME
ADDRESS
CITY, STATE ZIP

DATE: _____

0123
01-23456789

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR _____

⑆0⑆2345678⑆ ⑆0⑆234567890⑆23⑆ ⑆0⑆23

Bank Routing Number Bank Account Number Check Number

PLACE CHECK OR DEPOSIT SLIP HERE

*If the savings deposit slip does not contain a routing number maintained by your bank, you will need to submit a bank form, or statement on bank letterhead that verifies the account and routing numbers of your savings account.

DEPOSITOR CERTIFICATION

I certify that I have read and understand the terms with this form. By signing this form, I authorize my MissionSquare RHS account reimbursements to be sent to the financial institution named above and deposited in the designated account.

Depositor's Signature: _____

Date: MM/DD/YYYY _____

Joint Account Holder's Signature: _____

Date: MM/DD/YYYY _____

Note: Any joint account holder MUST sign this form in order to be reimbursed.

Retain a copy for your records.