Mercer Marketplace 365+[™]

DIRECT DEPOSIT FORM- for qualified expenses

You must complete this form (or enroll online) if you would like to enroll in direct deposit. Your direct deposit will be enabled faster if you enroll through your subsidy portal.

IMPORTANT INFORMATION:

To allow payments for reimbursement of eligible expenses and/or premium(s) under your subsidy to be directly deposited into your bank account, please complete this form legibly in blue or black ink. We will be unable to process forms with missing information.

PLEASE CHOOSE THE TYPE OF ACCOUNT:

Submit a voided check or other document from bank with account number shown for the account you wish the deposit to be made. The routing number is the 9-digit number located in the lower left hand corner of the check. Your account number is the next set of digits following your routing number.

If available, submit a voided check or other document from bank with account number shown, or ask your bank to provide you with the routing/transit number for your account. List your account number and routing/transit number below. The routing/transit number is not always the same as the number on a savings deposit slip.

Please provide the following information regarding the bank account to receive direct deposits for reimbursements from your subsidy:

Name(s) on the Account: (maximum of 22 characters, including spaces; abbreviate if more than 22 characters/spaces)

Former Employer Name:																							
Bank N	Bank Name:														Bank City/State:								
Routing/Transit Number:																							
Accou	nt Nu	mber:																					

ACCOUNT AUTHORIZATION: Please read and sign before completing and submitting.

I hereby authorize my former employer and the Program Manager, Mercer Health & Benefits Administration, (hereinafter collectively referred to as "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

PARTICIPANT NAME (please print)

SSN (LAST 4 DIGITS)

SIGNATURE

DATE