

# Direct deposit setup



## Option 1: Quick online setup

Submit your direct deposit/electronic funds transfer (EFT) information by logging in at [PSA.Consumer.PacificSource.com](https://PSA.Consumer.PacificSource.com) (select the Profile tab) or by using the PSA mobile app. A voided check will not be required if you use either of these options. Your bank account will be verified in real time so you will receive faster approval than using the paper form. That means you'll have next-day access to EFT reimbursements.

## Option 2: Form submission

Complete the form, sign it, and attach a voided check.

Mail your completed form to PacificSource Administrators, Inc. at PO Box 70168, Springfield, OR 97475-0110 or fax a copy to 866-446-6090. (Decorated checks and security watermarks can sometimes distort or hide the account numbers when faxed.)

**Note:** All EFT additions or changes submitted using this form are subject to a "micro-deposit verification process." We will generate a micro-deposit for a random amount ranging from \$0.01 to \$0.99. You must confirm the micro-deposit amount via the PSA consumer portal at [PSA.Consumer.PacificSource.com](https://PSA.Consumer.PacificSource.com) or the PSA mobile app to activate and use the requested bank account.

Allow up to 10 business days for processing of this authorization. You will receive regular reimbursement checks until this request is processed or if the micro-deposit amount is not confirmed or the bank account fails the verification process.

## Important notes

- Once you agree to the EFT/direct deposit process, all reimbursement transactions will be in this format until we receive your written request to cancel the process.
- No written notice of EFT/direct deposits will be sent to you.

*Continued on reverse >*

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## Employee

Employer \_\_\_\_\_ Member ID \_\_\_\_\_

Employee last name \_\_\_\_\_ First name, MI \_\_\_\_\_

## Account information

Please check one of the following:

- Add.** Deposit my reimbursement funds to the account shown.
- Change.** Change my financial institution and/or account number.
- Cancel.** Stop my participation in the direct deposit program.

Type of account. Please check one of the following:

- Checking** (default if none selected)
- Savings**

## Authorization

I hereby authorize PacificSource Administrators, Inc. to initiate deposits to the bank account indicated below. I authorize credit entries and, if necessary, debit entries or adjustments for any credit entries made in error to my account. This authority will remain in effect until PacificSource Administrators has received written notification from me of its termination in a manner that allows PacificSource Administrators a reasonable opportunity to act upon it. I understand that PacificSource Administrators will not provide written statements advising me of deposits. I have read and understand the information on the reverse side of this form.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

## Attach voided check below

**Please tape your voided check here.**

(Do not send deposit slips.)