

Authorization for Electronic Funds Transfer (EFT) / Direct Deposit



PO Box 70168
Springfield, OR 97475-0110
(971) 222-1050 • (844) 520-LEHP (5347)
FAX (800) 575-1109
PacificSource.com/Legacy



EMPLOYEE INFORMATION

LEGACY HEALTH

Employer

Employee Last Name	First Name	Middle Initial	Member ID Number
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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: ☐ Checking ☐ Savings

(If neither is marked, we will deposit to your checking account.)

I hereby authorize PacificSource Administrators 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 (required): _____ Date: _____

ATTACH VOIDED CHECK BELOW

Please tape your voided check here.

(Do not send deposit slips.)

Please mail completed form to PacificSource Administrators at the address at the top of the form, or fax a copy to (800) 575-1109. (Decorated checks and security watermarks can sometimes distort or hide the account numbers when faxed.) Allow ten working days for this authorization to process. You will receive regular reimbursement checks until this request is processed.

Important Information Regarding EFT/Direct Deposit Reimbursement

(Please read before signing Authorization Agreement form.)

- Participants who wish to have their reimbursement checks deposited directly into their bank account must complete an Authorization Agreement for EFT/Direct Deposit Form, and mail it to PacificSource Administrators with their voided check.
- If you are currently enrolled in a Flexible Spending Account (FSA), the information will be entered and there will be a ten-day waiting period from the time PacificSource Administrators receives the authorization until it takes effect.
- If you are a new enrollee in a FSA, your EFT information will be added after we receive and process your enrollment information. The ten-day waiting period begins the day you're entered into our system. Physical checks will be issued during that time. Claims will not be held for direct deposit.
- 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.