

Direct Deposit/Electronic Fund Transfer (EFT) Authorization Form For Reimbursement Accounts

Fax Completed Form to: 1-855-803-4887
You may also mail a completed form to:
PayFlex Systems USA, Inc.
PO Box 981158
El Paso, TX 79998-1158
Telephone: 1-888-672-9136

WAIT! Did you know you can set up direct deposit online?
Go to payflex.com. Log into your account, and go to Account Settings.

New Direct Deposit Change Bank Account Cancel Direct Deposit

Direct deposit will link your personal bank account to your OPERS-sponsored reimbursement account. This can help you get your money faster. Once your eligible claim is processed, we'll deposit that payment directly into your linked bank account.

Instructions:

1. Complete all fields below. Be sure to sign and date the form.
2. If you select checking account, send us a **voided check** with your form. For a savings account, include a **savings deposit slip**. Note: Not including a voided check or deposit slip will delay this request.

Questions or concerns? If you have questions about this form, call us at the number above. If you believe there's an error with the deposits, contact us when you see the error.

Select One:

Checking Account Savings Account

Financial Institution

Name															
Last										First					MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Address															
Street															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City										State		ZIP Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Note: If you have an address change, please notify OPERS. For security purposes, we can only accept an address change from OPERS.															
Branch Name										Account Number					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transit/ABA Number (On next page)															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Member Information

Employer Name															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Name															
Last										First					MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Number (This may be your Social Security number.)															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorization: I hereby authorize PayFlex Systems USA, Inc. ("PayFlex") on behalf of Aetna to initiate credit or debit entries to my account with the Financial Institution listed on this form. I also acknowledge that this authorization will permit PayFlex, or any successor administrator, on behalf of Aetna to share my account information with OPERS as needed to make any required payments or reimbursements related to my OPERS-sponsored reimbursement plan. This authority is to remain in full force and effect until I give Aetna written notification of its termination, and in such time and in such manner that allows Aetna and the Financial Institution a reasonable amount of time to act on it. I understand this authorization is for reimbursements from my OPERS-sponsored reimbursement plan.

Member Signature 	Date (MM/DD/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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--- SAMPLE CHECK ---

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____	\$ <input type="text"/> DOLLARS	
MEMO _____	X _____	
⑆ 123456789 ⑆ 11484620040 ⑆ 3680		
Transit/ABA No.	Account No.	

Financial Sanctions Exclusions (Anti-Money Laundering-AML):

PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions.