

**DIRECT DEPOSIT AUTHORIZATION OF CLAIM REIMBURSEMENT**

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| ***Please complete this form if you have mailed a paper claim to us and would like us to direct deposit your reimbursement into your designated account versus sending you a paper check reimbursement.***  Name of Your Employer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **IT IS NOT NECESSARY TO COMPLETE THIS FORM IF WE ALREADY HAVE THIS INFORMATION ON FILE.**  I (we) hereby authorize North Coast Administrators, Inc. to initiate credit entries and to initiate if necessary debit entries and adjustments for any credit entries in error to my (our) checking/savings account indicated below. | | | |
| BANK NAME: | CITY: | | STATE: |
| BRANCH: | ZIP: | | PHONE: |
| CIRCLE TYPE OF ACCOUNT: | [C]hecking | | [S]avings |
| **ATTACH VOIDED CHECK AND FILL IN BELOW** | | | |
|  | |  | |
| Bank routing/Transit number | | Employee's Account Number | |
| NCA WILL PROVIDE ME WITH A NOTIFICATION OF DEPOSITOR STATEMENT which will include amount deposited to my checking/savings account and date of the transfer deposit. This authority is to remain in full force and effect until Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bank a reasonable opportunity to act on it, or until BANK has sent me (or either of us) ten (10) days written notice of BANK'S termination of this arrangement. | | | |
| NAME: | | LAST 4 DIGITS OF SS# | |
| PHONE: | | | |
| DATE: | | SIGNATURE: | |
| EMAIL: | | | |

*Your social security number, is for internal tracking systems only, and not printed or published.*

Please mail or fax this completed form and attach a voided check to:

**North Coast Administrators, Inc.**

**24700 Center Ridge Road # 260**

**Westlake, OH 44145**

**440-835-4900 or 800-677-6690**

**FAX 440-835-1188**