



Direct Deposit Authorization Form

To enroll in Direct Deposit Reimbursement from your reimbursement account, please complete the form below and return to Marin Benefits. All information must be supplied in order for Direct Deposit to be established. You may also enroll for Direct Deposit through the Member Web Portal online at www.marinbenefits.com.

Participant Information

Employer Name _____

Your Name _____ Last four SSN _____

Email Address _____ Phone Number _____

Bank Account Information

Bank Name _____

Account Number _____ Routing Number _____

Account Type ☐ Checking ☐ Savings

Please attach VOIDED check here

I hereby authorize Marin Benefits and the bank listed above to deposit reimbursements from my Health Reimbursement Account (HRA) directly into my bank account designated on this form.

If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize Marin Benefits to direct the bank to return said funds to Marin Benefits.

I understand that my deposit may not be credited to my account for up to 3 business days after the transaction has been sent to the bank for processing.

I understand that this authorization will remain in effect unless I advise Marin Benefits that I have revoked it. Furthermore, I understand that it is my responsibility to notify Marin Benefits of all future changes to my bank account number and routing number. If I fail to notify Marin Benefits of changes of this nature, I will be responsible for reimbursing Marin Benefits for all applicable bank charges.

Signature

Date

Fax or Mail completed form to:

Marin Benefits Administrators
6366 Commerce Blvd. Suite 293
Rohnert Park, CA 94928
Fax: 415-454-2928