

Direct Deposit Request Form

Instructions

1. Please write legibly to ensure proper processing.
2. Be sure to sign the form and submit! Please fax, email or mail a signed claim form, but choose one method only.
 Fax: (425) 233-6366 or toll-free (866) 535-9227
 Email: election@naviabenefits.com
 Mail: Navia Benefit Solutions, PO Box 53250 Bellevue, WA 98015-3250

**Did you know you can enter direct deposit information online?
 No paperwork necessary!**

Employee Information

Last Name, First Name		SSN / Employee ID #
Home Address (Street, City, State, Zip Code) <input type="checkbox"/> Please update my address on file		Phone Number
Employer Name		Email Address - required to issue debit card

Direct Deposit Request

Reimbursements are electronically deposited into your bank account. If you've previously signed up for direct deposit with Navia your information will remain on file and you do not need to complete this section.	<input type="checkbox"/> Yes <input type="checkbox"/> Checking Routing # _____ <input type="checkbox"/> No <input type="checkbox"/> Savings Account # _____
<ul style="list-style-type: none"> ▪ All direct deposits will be initiated according to your employer's reimbursement schedule. Deposits may take up to two (2) business days to appear in the designated account. ▪ Returned items due to incorrect banking information are assessed a \$10.00 fee. 	
<input type="checkbox"/> YES , I authorize Navia Benefit Solutions to electronically deposit my reimbursements into the above specified bank account. This authority will remain in full force and effect until Navia Benefit Solutions has received written notification from me of its termination in such time and in such manner as to afford Navia Benefit Solutions and the banking institution a reasonable opportunity to act on it.	
X _____	
Employee Signature	Date

Need help filling out your form? Call Customer Service at (425) 452-3500 or toll free (800) 669-3539.

Due to the change from CBIZ to Navia, each participant must complete a Direct deposit form.

Please include a voided check when returning your Medicare Reimbursement Form.