



**Return Form To:**  
 Nova Healthcare Administrators, Inc.  
 an Independent Health Company  
 Attn: FSA/HRA Administration  
 511 Farber Lakes Drive  
 Buffalo, New York 14221

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

Please complete the following information below to set-up direct deposit of manual claim reimbursement into your personal checking/savings account

**Section 1 – Employee Information**

Employee Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Employer: \_\_\_\_\_

**Section 2 – Account Status**

New Agreement       Change in Account       Cancel Account  
**Allow 10 business days to processing of this authorization**

**Section 3 – Banking Information**

Account Type:     Checking       Savings  
 Bank Name: \_\_\_\_\_  
 City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_  
 Transit/ABA Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Attach a voided check here to Checking Accounts  
 or  
 Attach a deposit slip for Savings Accounts

I hereby authorize Independent Health Corporation to initiate credit entries and if necessary, debit entries and adjustments for any entries made in error to my account as indicated. This authorization will remain in effect until Independent Health Corporation has received written notification from me of its termination in such a manner as to allow Independent Health Corporation reasonable opportunity to act upon it. If I change any account, I will complete a new Authorization Agreement for Direct Deposit listing the new account information. I understand this authorization is for reimbursement for my Flexible Benefits, Health Reimbursement Plan and/or Transportation Benefit Plan. I understand that my deposits may not be credited to my account for up to two business days after the transaction has been sent to the bank for processing.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_