



Please type or print all information.

**BASIC**

**DIRECT DEPOSIT  
FORM**

COMPLETE THIS FORM AND  
FAX, MAIL OR EMAIL TO:

9246 PORTAGE INDUSTRIAL DR.  
PORTAGE, MI 49024  
F 269.488.6255  
F 800.731.1922

<https://upload.basiconline.com/?los=hra>

**PARTICIPANT INFORMATION**

Company Name:

Employee Last Name:

Employee First Name:

Last Four Digits of Social Security Number:

Date of Birth:

Email:

(Notification of direct deposit payment is sent via e-mail only)

**REQUEST FOR DIRECT DEPOSIT** (This option may not be available for all employers)

I elect to participate (please do not fill out if you are already participating, unless you are changing accounts)

checking account OR savings account

**CHECK EXAMPLE**

⑆ 1 2 3 4 5 6 7 8 9    ⑆ 0 0 0 0 1 2 3 4 5 6    ⑆ 1 2 3 4

routing number    account number    check number

Financial Institution (name of bank):

Routing Number (always 9 digits):

Account Number:

**PLEASE NOTE:**

- Direct Deposit may not be offered as a reimbursement option under your plan. For confirmation of availability, please check with your employer.
- By completing this form you are authorizing **all** benefit plan reimbursements to be sent via direct deposit

I hereby authorize BASIC to electronically deposit my reimbursements for all benefits to the bank account provided. I understand BASIC does not control when funds will be made available by my bank. If a deposit is deemed ineligible after payment, I authorize BASIC to withdraw those funds electronically from my account.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Direct deposits will begin approximately 2 weeks after we receive this completed form.*