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Direct Deposit Form

contact Participant Services at 866-45I-3399.

Complete this form to add direct deposit to your account. Please provide the completed form and a copy of a voided check. Important: Additional steps are required to activate your bank account after your form is processed. See Step 4 for more details.

* = Required Fields **Step 1: Participant Information** *Employer Name (Do not abbreviate) **Employee ID** *Participant Name (First, MI, Last) Updates or changes to your profile can be made by logging in to your account at benefitslogin.wexhealth.com **Step 2: Financial Institution Information** beginning canceling changing *I am a direct deposit account. JON SMITH 1200 1234 8TH ST S FARGO, ND 58102 PAY TO THE ORDER OF Checking Savings *Account Type: 0123456789 68590134 Account Numbe *Routing Number (must be 9 digits) *Account Number *Financial Institution Name **Financial Institution Address** City Zip **Step 3: Participant Authorization** I hereby certify the information provided on this form is accurate. Further, I understand my completion and submission of this form authorizes WEX Health, Inc. to issue payment directly to the specified account unless I notify them otherwise. *Participant Signature Date **Step 4: Validate Your Bank Account** Further action is required to activate this bank account. A deposit followed by an immediate withdrawal not exceeding \$0.99 will be made to the account within the next 3-5 business days. Once you confirm the deposit, the account will be activated and available for use. To confirm the deposited amount from WEX Health, Inc., you can access your account online at benefitslogin.wexhealth.com.

Click the link in the Tasks section of your home page. If you have questions on confirming your bank account information, please