

DIRECT DEPOSIT (EFT) CHANGE NOTICE FORM TERMINATION OR UPDATE



(PLEASE PRINT)

Instructions – Complete this form to **terminate** or **update** a current direct deposit authorization (for distributions only) you have in place for your Alliance Benefit of Illinois MyHSA account.

ACCOUNT HOLDER INFORMATION		
Name: (First):	(MI):	(Last):
Social Security Number:	Daytime Phone Number:	
Mailing Address:		
City:	State:	Zip:
Email Address:		
Current Financial Institution on file:		
Current Routing Number:	Current Bank Account Number:	

Please indicate which option applies:

- Option 1: Please terminate my current direct deposit and process any future claims via live check to my home address on file
- Option 2: I would like to continue receiving claims by direct deposit but my banking information should be updated as indicated below.

Updated Bank Information

Name of Financial Institution

Routing and Transit Number (9 Digits)

Account Number

Authorization applies to
checking accounts only.
Please attach a voided check.

I understand this change will not be effective until the third business day following receipt of the completed form by Alliance Benefit Group of Illinois. Where applicable, ACH returns will incur additional fees.

I certify that I am the owner of the account named above and that I have the legal right to provide this authorization. This authority shall apply to all requests for claim reimbursements I submit to ABG under the Health Savings Account program. This authorization remains in full force and effect until which time ABG has received written notification from me of its termination. I agree to provide such notification of cancellation in such a manner as to afford Alliance Benefit Group reasonable time to act on it. Failure to notify ABG in a timely manner could result in additional fees.

Signature of Account Holder: _____ Date: _____

MAIL OR FAX A COPY OF THIS FORM TO:

ALLIANCE BENEFIT GROUP OF ILLINOIS
MyHSA DEPARTMENT
456 FULTON STREET, SUITE 345
PEORIA, IL 61602
FAX (800) 688-4329

If you have any questions please call 800-57MyHSA (800-576-9472).