

DIRECT DEPOSIT AUTHORIZATION FOR REIMBURSEMENT

By electing to have my reimbursements directly deposited into my bank account, I understand that:

1. Having my reimbursement directly deposited into my banking account is intended to be a more efficient way of receiving my reimbursement. Direct deposit is not always a quicker way of receiving my reimbursement.
2. Once Polestar Benefits, Inc. receives a completed and signed Authorization Agreement, it will take approximately 7 – 10 business days to set-up and activate my direct deposit. Submitting a change request will temporarily suspend my direct deposit and will take approximately 7 – 10 business days to reactivate.
3. The date on the Remittance Advice is not the date the funds are deposited in my account. **It may take another three or four days from the date on the Remittance Advice for the deposit to record with my financial institution.**
4. I am responsible for verifying that funds are available in my bank account prior to accessing the funds.

Instructions:

1. Complete and sign the Direct Deposit Authorization Agreement
2. For a checking account, please attach a VOIDED check (If you don't have a check, please attach a letter from your bank confirming your bank account and routing number or a print screen from your on-line banking showing your name, account and routing number)
3. For a savings account, attach a deposit slip
4. Return the authorization form with the voided check or deposit slip to Polestar Benefits, Inc.

This Request is:

- NEW**
 CHANGE
 CANCEL

Account Information

- CHECKING**
 SAVINGS

Transit Routing # _____

Account# _____

I have read and understand the guidelines stated above. I hereby authorize Polestar Benefits, Inc. to initiate credit deposits to the bank account listed below. It is my responsibility to notify Polestar Benefits, Inc of any changes relating to my account. I may cancel the direct deposit option at any time.

Member's Signature Date: _____
Member Name (please print): _____
Member Phone Number: _____
Member ID Number: _____
Employer Name: _____
Name of Financial Institution: _____
Phone Number of Financial Institution: _____
Address of Financial Institution: _____

Polestar Benefits, Inc. will not be responsible for Non-Sufficient Funds (NSF) fees or Returned Check Fees.

Polestar Benefits, Inc. - 412 Jefferson Parkway, Suite 202 - Lake Oswego, OR 97035

Customer Service: (971) 327-5788

Fax: (971) 236-9219

www.polestarbenefits.com