



Direct Deposit Authorization Form

To submit this form once completed, choose one of the following methods.

- **SEP Message Center** (*most secure method*): [Log in](#) to your Secure Enrollee Portal account and click on Message Center.
- **FAX: 603.415.3099**
- **Email: benefitadvantage@healthtrustnh.org**

Employee Name: _____
(First, Last)

Last 4 digits of SSN:

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Primary Phone: _____

Employer: _____

Email: _____

Email is required to receive important account notifications.

REIMBURSEMENT POLICY

PLEASE CONFIRM RECEIPT OF YOUR DIRECT DEPOSIT BEFORE WRITING CHECKS ON THESE FUNDS. VOYA WILL NOT BE RESPONSIBLE FOR OVERDRAFT FEES ON YOUR ACCOUNT. If the direct deposit transaction fails, payment will be issued via check until the issue is resolved.

IT IS CRITICAL THAT THIS INFORMATION IS ACCURATE AND THAT CHECKING OR SAVINGS ACCOUNT IS INDICATED.

I hereby authorize Voya Benefits Company, LLC to deposit funds directly to my (please check one):

Checking Account

Savings Account

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AND

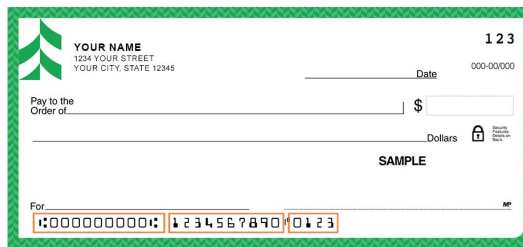
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9 Digit Routing Number

Bank Account Number

(Please attach a copy of a voided check for checking accounts OR savings deposit slip for savings accounts.)

See sample check below to help locate your 9 digit routing number and your bank account number:



Routing/Transit Number Checking Account Number Check Number

READ CAREFULLY: I authorize Voya and the financial Institution listed above to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my account shown above. This authorization will remain in effect until Voya receives written termination notification regarding the direct deposit.

EMPLOYEE'S SIGNATURE:
(Required)

DATE: