



**Patrius  
Health**

TREASURY OPERATIONS  
**DIRECT DEPOSIT  
AUTHORIZATION AGREEMENT**

**Patrius Health** is pleased to offer the added convenience and security of direct deposit at NO cost to you.  
To take advantage of Direct Deposit Service:

- Complete the authorization form in full
- Provide a cancelled or voided check
- Return it to via a method listed below or visit the URL listed on the back of your card and follow the direct deposit instructions.

<b>ACTION:</b>	<input type="checkbox"/> <b>ADD</b> <input type="checkbox"/> <b>CANCEL</b> <input type="checkbox"/> <b>CHANGE</b>
<b>SUBSCRIBER NAME:</b>	
<b>CONTRACT NUMBER(S):</b>	
<b>DAY TIME PHONE NUMBER:</b>	

I hereby authorize **Patrius Health** to initiate credit entries (deposits) to my account at the depository bank named below (hereinafter called Depository Bank), and credit the same to such an account.

☐ **Checking Account**    ☐ **Savings Account**

<b>NAME ON ACCOUNT:</b>	
<b>DEPOSITORY (BANK) NAME:</b>	
<b>ABA ROUTING NUMBER:</b>	
<b>ACCOUNT NUMBER:</b>	

**Note:** Initial updates or charges will require a one week set-up period with the bank.

You will continue to receive a Statement of Account and/or Claims Summary indicating the amount deposited in your specified account. Your Reimbursement History is also available online via the URL listed on the back of your membership card.

This authority is to remain in full force and effect until **Patrius Health** has received written notification from me of its termination in such time and in such manner as to afford **Patrius Health** and DEPOSITORY (Bank) a reasonable opportunity to act on said notification of termination. **Patrius Health** reserves the right to return or adjust any errors in accordance with applicable National Automated Clearinghouse Association Operating Rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form and voided check to:**

<b>Mail</b>	<b>Fax</b>	<b>Email</b>
ATTN: Treasury Operations <b>Patrius Health</b> PO Box 362165 Birmingham, AL 35236-9914	<b>You may fax this form to:</b> ATTN: Treasury Operations <b>1-833-983-6016</b>	<b>You may email this form to:</b> SubscriberEFT@PatriusHealth.com