

**HM Stop Loss  
Reimbursement Direct Deposit  
Authorization Form**

**INSTRUCTIONS**

Complete this form to enroll in or change banking information for Highmark Casualty Insurance Company's Direct Deposit option. After signing and dating this form, return it to your Highmark Casualty Insurance Company sales representative. If requesting the depositing of reimbursements to a checking account, include a voided check. If requesting the depositing of reimbursements to a savings account, include a deposit slip.

**ACTION REQUESTED**

- ☐ BEGIN direct deposit of reimbursements  
☐ UPDATE direct deposit information  
☐ CANCEL direct deposit of reimbursements

**INFORMATION**

Name on Bank Account

Company Name

EIN Number

Email Address

Telephone Number

**FINANCIAL INSTITUTION INFORMATION**

Financial Institution Name

Routing/Transit Number

Type of Account (select one)

- ☐ Checking      Account Number \_\_\_\_\_  
☐ Savings      Account Number \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize the direct deposit of my reimbursement to the account and financial institution indicated above. Such direct deposit will be made unless I chose to terminate this agreement. Any such notification to Highmark Casualty Insurance Company must be in writing and shall become effective upon receipt, after a reasonable opportunity to act on it.

In the event that funds are deposited erroneously into my account, Highmark Casualty Insurance Company may deduct an amount, not to exceed the original amount of the deposit, from future benefit payments. If future benefit payments are not available, Highmark Casualty Insurance Company may pursue a refund.

The recipient of any overpayment also has the option to reimburse Highmark Casualty Insurance Company by way of a check or ACH.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Return the completed form to your Highmark Casualty Insurance Company sales representative.**