

# Lumen Bank Account Direct Deposit & Automatic Payment Authorization Form



Included is the authorization form for direct deposit of your MyChoice® Account reimbursements and/or automatic payments for your benefit premiums. You can elect to have your MyChoice Account HRA reimbursements directly deposited into your bank account using the enclosed form, or you can log in to [lumen.com/healthbenefits](https://lumen.com/healthbenefits) and setup electronically. Similarly, you can elect to have your direct bill premiums automatically withdrawn from your bank account each month by completing the attached form, or you can log in to [lumen.com/healthbenefits](https://lumen.com/healthbenefits) and setup automatic payments online.

**If you have already setup automatic payments or direct deposit, no further action is needed.**

## How to pay for your direct bill premiums:

<b>1. Pay Online</b> Log in to <a href="https://lumen.com/healthbenefits">lumen.com/healthbenefits</a> and submit a one-time payment or schedule recurring payments at your convenience.	<b>2. Setup Automatic Payments</b> Complete the attached authorization form with a voided check or deposit slip and mail to the address provided <b>OR</b> Log in to <a href="https://lumen.com/healthbenefits">lumen.com/healthbenefits</a> to setup recurring payments at your convenience	<b>3. Mail a Check</b> Mail a check with the provided billing coupon each month. Make the check payable to <b>Businessolver, Inc.</b>
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## How to receive reimbursement from your MyChoice account:

<b>1. Setup Direct Deposit</b> Complete the attached authorization form with a voided check or deposit slip and mail to the address provided <b>OR</b> Log in to <a href="https://lumen.com/healthbenefits">lumen.com/healthbenefits</a> to enter your banking information at your convenience.	<b>2. Mailed Check</b> A check will be mailed to your address upon receipt and approval of your reimbursement request.
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Your and your family's privacy is our top priority and providing your banking information online at [lumen.com/healthbenefits](https://lumen.com/healthbenefits) is the fastest and most secure method to make your monthly premium payments or setup direct deposit.

## Direct deposit authorization information

With Direct Deposit, your reimbursement is deposited directly into your account. No need to worry about mail delivery, getting to the bank or waiting for the check to clear. Direct Deposit is a direct credit from MyChoice Accounts to your bank account and is the safest way to deposit your reimbursement.

## Signing up for direct deposit is simple as 1, 2, 3...

**Step One:** Fill out the form below completely, enter 'Y' in the Direct Deposit option box, so that there are no issues processing your banking information.

YOUR NAME  
1234 Main Street  
Anywhere, OH 00000

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

0044072324    0000123456789    123

**ROUTING NUMBER**    **ACCOUNT NUMBER**    **CHECK NUMBER**

**Step Two:** Sign and date the form

**Step Three:** Submit the form to MyChoice Accounts in any of the following ways.

**Email To:** [lumenclaims@mychoiceaccounts.com](mailto:lumenclaims@mychoiceaccounts.com)

**Fax To:** 1-855-883-8542

**Mail To:** My Choice Accounts

PO Box 105168

MSC 345475

Atlanta, GA 30348-5168

**If you don't want to waste time and would like to sign up faster you can sign-up electronically by:**

**Online -** [lumen.com/healthbenefits](https://lumen.com/healthbenefits), selecting consumer accounts, manage, and select bank accounts. Select 'Add Account', enter your information, and you are done.

**Mobile -** Download the MyChoice Mobile App, select Accounts, scroll down until you see Bank Accounts, click +Add, enter your information, and you are done.

# Bank Account Deposit or Payment Authorization Form

Use CAPITAL LETTERS only, completely fill in and do not use red ink.

## MY INFORMATION

Company Number	Social Security Number	Direct Deposit Enter "Y"	Payments Enter "Y"
<input type="text" value="32951"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

First Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## MY BANK INFORMATION

Bank Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Type (Enter 'Y' into box next to the type of account you would like reimbursements to be deposited into)

CHECKING:  SAVINGS:

Start date (MM/DD/YY to start using account) Stop date (MM/DD/YY to stop using account- not required)

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Routing Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

<input type="text"/>
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Signature Date

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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I authorize MyChoice Accounts to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries to my bank account. I understand that this authorization will remain in effect until MyChoice Accounts has received written notification from me of its termination or change.



ACH Authorization

