



**Authorization for Direct Deposit**

**Contact Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

**Account Information**

Bank or Credit Union Name: \_\_\_\_\_

Bank or Credit Union Phone Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA/ Transit Routing Number: \_\_\_\_\_

I authorize HealthyCT, Inc. to remit payment via electronic transfer to the bank listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include a voided/canceled check OR Bank Spec Sheet to validate this Direct Deposit.

**Internal Use Only**

Form Received Date: \_\_\_\_\_ EFT Effective Date: \_\_\_\_\_