

DIRECT DEPOSIT AUTHORIZATION FORM

Voya Benefits Company, LLC
A member of the Voya® family of companies
Customer Service: PO Box 929, Manchester NH, 03105
Phone: 833-232-4673; Fax: 855-370-0670; Email: voyasupport@voya.benstrat.com



Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by WEX Inc. For all other products, administration services provided in part by WEX Health, Inc.

EMPLOYEE INFORMATION

Employee / Member Name (First) _____ (Middle Initial) _____ (Last) _____
Social Security Number (SSN) (Required) _____
Phone (_____) _____ Email (Required) _____
Employer Name _____

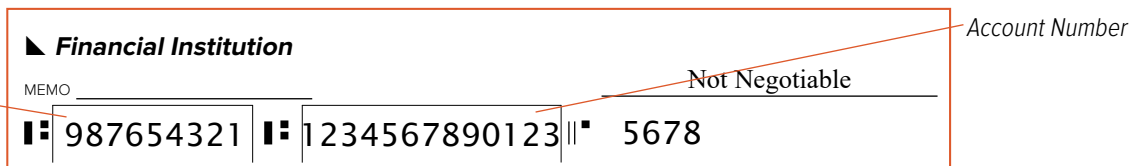
DIRECT DEPOSIT AUTHORIZATION

Please confirm receipt of your direct deposit prior to using funds. Voya Benefits Company, LLC will not be responsible for overdraft fees on your account. All fields are required.

Bank Name _____ Bank Account Type: Checking Savings
Bank Routing Number (9 digits) _____ Bank Account Number _____

Sample Check

Routing Number (9 digits)



AUTHORIZATION AND SIGNATURE

I authorize Voya Benefits Company, LLC 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 the account shown. This authorization will remain in effect until one of the following occurs: Voya Benefits Company, LLC receives written termination notification of direct deposit or are given direction from your employer to update.

Employee Signature _____ Date _____