

Direct Deposit Request Form



We understand that you have requested StarLine to directly deposit claim reimbursements into your designated bank account. In order to commence processing your claim reimbursements through ACH or the wiring of funds, we will require the following information: **(Please complete both ACH and wiring instructions.)**

ACH TRANSFERS:

Plan Name: _____

Bank Name: _____

Bank Branch Address: _____

Bank Branch City, State, Zip Code: _____

ABA / Routing Number: _____ Account Number: _____

WIRING INSTRUCTIONS:

Plan Name: _____

Bank Name: _____

Bank Branch Address: _____

Bank Branch City, State, Zip Code: _____

ABA / Routing Number: _____ Account Number: _____

CLIENT INFORMATION:

Account Holder Name: _____

Account Holder Address: _____

Authorized Signature: _____

Date Signed: _____ Title: _____

**Please allow time for us to process this request through the banking system.
Revocation of the direct deposit arrangement must be submitted in writing to StarLine.
If you have any questions, you may contact Craig C. Schmidt at 508-689-9735.**

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