



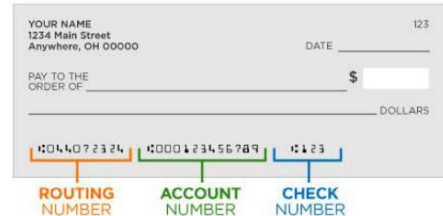
## Direct Deposit Authorization Form For Insurance Claim Payments

Automatic Direct Deposit is a convenient feature for members to receive their claim payment(s). If you decide to take advantage of Automatic Direct Deposit, your approved claim(s) will be deposited automatically into the U.S. bank checking or savings account you provide. By completing the Authorization Form below and providing a copy of a voided check or savings deposit slip, you are authorizing SisCo Benefits and your financial institution to deposit your insurance payment(s) into your checking or savings account.

<b>Direct Deposit Form</b>	Request Type*: <input type="checkbox"/> New <input type="checkbox"/> Update
Group Name: - ISO International Student Insurance	Group Number: – ISO GROUP
Member Name:	Member Insurance ID:
Member Mobile Phone Number:	Member Email Address:
Financial Institution (Bank Name):	Financial Institution (Bank) Phone Number:
Checking/Savings Account Routing # -9 Digits:	Checking/Savings Account # 6-13 Digits:
Account is a checking or savings account <input type="checkbox"/> Savings <input type="checkbox"/> Checking	

\*This form only needs to be submitted with the **FIRST** payment. All subsequent payments for the indicated coverage will automatically be processed via ACH until SisCo Benefits is notified in writing of a requested change. Change requests should be sent to [ISOACH@siscobenefits.com](mailto:ISOACH@siscobenefits.com).

I hereby authorize SisCo Benefits to deposit insurance payment(s) directly into my checking or savings account indicated above. I also authorize the financial institution named above to accept my deposit(s) and to credit the amount to my account.



**Please attach this completed form and a copy of a voided check or savings deposit slip to your completed insurance claim form.**

I understand that this authorization will remain in full force and effect for the coverage indicated above until I notify SisCo Benefits in writing that I wish to revoke this authorization. I understand that SisCo Benefits requires at least 7 days prior notice of my next payment in order to cancel this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed claim forms and direct deposit authorization forms can be emailed to ISO ACH at [ISOACH@siscobenefits.com](mailto:ISOACH@siscobenefits.com) or ISO Claims at [ISOservice@siscobenefits.com](mailto:ISOservice@siscobenefits.com)