



Aetna EFT Authorization Form



Return your completed form to:
Aetna FSA-MC3N
151 Farmington Avenue
Hartford, CT 06156
Or by fax: 860-636-0054

About Aetna's Electronic Funds Transfer (for Health Care Account and Dependent Care Accounts)

Aetna's Electronic funds Transfer (EFT) is a convenient way for you to receive direct payment of your Merck Health Care Account and Dependent Care Account reimbursements through automatic deposits into your personal checking or savings account. Please note that in order to take advantage of direct deposit, your bank MUST be a participating member of the AUTOMATED CLEARING HOUSE (ACH) Association—please check with your bank to make sure they participate before completing this form.

Process

If you wish to have your Health Care or Dependent Care Account reimbursements directly deposited, please complete the following information and return your signed Aetna EFT Authorization Form (along with your voided, personal check—if you are requesting direct deposit to your checking account) and return it to the above address. The process to enroll in EFT takes approximately 15 business days from the date your enrollment form is received by Aetna. Any payments issued during this waiting period will be made by check. Once the EFT enrollment process is complete, your next payment will be made through direct deposit and you will receive an Explanation of Payment notifying you of this deposit.

To help us process your EFT application, please:

- complete your form thoroughly and accurately; and
- attach a voided check (or copy of a cancelled check), if deposits are to be made to your checking account.

Personal Information - Please print.

Complete this section by providing the required information below.

Form with fields for First Name, MI, Last Name, Social Security Number, P.O. Box or Street Address, Home Phone Number, City, State, Zip Code, and Business Phone Number.

Account Information - Please print.

Complete this section by providing the required information below for direct payments to either your checking or savings account.

Form with fields for Bank Name/Address, Bank ID, Bank Name, Account Type, P.O. Box or Street Address, Account Number, City, State, Zip Code, Bank SCD Self-Checking Digit, and checkboxes for New EFT Account, Change EFT Account, and Cancel EFT.

Signed Authorization for Direct Deposit of Health Care and Dependent Care Account Reimbursements

I hereby authorize Aetna to initiate credit entries to my account at the bank listed above for all unassigned health care account of dependent care account reimbursements on behalf of myself, and my eligible dependents, if any. I understand that reimbursements will be credited 4 banking days after the regularly scheduled draft run assuming I have a claim processed.

Authorized Signature _____

Date _____

Please retain a copy for your records.