

DIRECT DEPOSIT FOR MEDICARE REIMBURSEMENT

- Initiate Direct Deposit
- Change of Account/Bank
- Cancel Direct Deposit

NAME: _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

Please Choose One:

- Checking Account
PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT WHERE THE FUNDS
WILL BE DEPOSITED

OR

- Savings Account
PLEASE ATTACH A DEPOSIT SLIP THAT CONTAINS BOTH ROUTING/TRANSIT AND
ACCOUNT NUMBER

Only funds deposited into a **Eastern Bank** account will be guaranteed available on date of issue. There may be a three business day delay for funds deposited to other banking institutions.

SIGNATURE _____

DATE _____

Direct Deposit takes one full reimbursement cycle to initiate, so the next check will be as usual, and in the following check your direct deposit will take affect.

(Please affix voided check/deposit slip here)

REQUESTS WILL NOT BE PROCESSED WITHOUT THE PROPER DOCUMENTATION