HOSPITALITY PLAN
UNITE HERE HEALTH

Health Reimbursement Arrangement (HRA) Authorization Agreement for Direct Deposit

Please note: You may enroll in direct deposit electronically by logging into your HRA account at **www.magnacare.wealthcareportal.com**. If preferred, you may use this form and submit the completed form to the address listed below.

I hereby authorize MagnaCare to initiate deposit of my health reimbursement agreement (HRA) reimbursements to the bank account(s) indicated below and, if necessary, debit entries and adjustment for any credit entries made in error to my account(s).

Please attach a copy of a cancelled check if you are electing to have reimbursement sent to your checking account. If you are electing to have reimbursement sent to your savings account, please contact your bank for the Transit ABA Routing Number.

This account is (Please check one of the following options):

New☐ Change☐ Cancel☐

_____	_____	_____
Transit ABA Routing Number	Account Number	Account Type (Checking or Savings)

Bank Name, Address and Phone Number:

_____

_____

_____

Please Print Your Name: _____

Alternate ID or Social Security Number: _____

_____	_____
Signature	Date

MAIL COMPLETED FORM TO:
MagnaCare
PO Box 161357, Altamonte Springs, FL 32716
855-405-3863
Fax# 844-791-8316