

HEALTH NET, INC.
Direct Deposit Authorization Agreement for External Broker

I authorize HEALTH NET, INC., hereinafter called COMPANY, to make payment of any amount owing me (us) by initiating credit entries into the account and at the bank listed below. This agreement will remain until I give written notice to change financial institutions, terminate service, or until COMPANY notifies me that this service has been terminated. I hereby authorize COMPANY and the financial institution to electronically deposit any payment into my designated account and to correct my account for any amounts deposited to which I am not entitled.

NAME (no abbreviations):

BROKER ID #:

COMPANY TAX ID OR SS #:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE #:

SIGNATURE: _____ **DATE:** _____

INSTRUCTIONS FOR DIRECT DEPOSIT

Fill in complete banking information where indicated. If routing number is unknown, please contact your bank.
Without the Routing Number, the automatic deposit cannot be processed.

CHECK ONE: **New Direct Deposit with A/P** **Change Existing Deposit with A/P**

BANK NAME:

ROUTING #: **ACCOUNT #:**

ACCOUNT TYPE: **Checking (Attach copy of voided check)** **Savings**

Please Note: It takes approximately 2 weeks to implement an automatic deposit. If you transfer to a new Bank, or if you change accounts, your automatic deposit may be interrupted.

Forward completed form to:
Broker Commissions Department, Health Net, Inc., A202
P.O. Box 904, Shelton, CT 06484-0904
Fax: 203-225-4023

CHECK ONE: **Health Net of NE (Small Group)** **Health Net of NE (Large Group)** **Health Net of AZ**

If you have any questions regarding this process, please contact the Health Net Broker Commissions Department:
For Health Net of the Northeast: Small Groups (0-50 lives): 1-800-384-1878 / For Health Net of AZ: 1-800-409-6565
For Health Net of the Northeast: Large Groups (over 50 lives): 1-800-848-4747, Ext. 8685 or Ext. 8953