

[My Dashboard](#)[Financial Center](#)[Benefits Center](#)[Wellness Center](#)[Consumer Center](#)

### My HealthHub Accounts

Employee **Mike Smith**  
Active Accounts **2**

- Order a Debit Card
- File a Claim
- FAQ

### Financial Center

[View My Accounts](#)[Account Overview](#)[Online Enrollment](#)[Order a Debit Card](#)[File a Claim](#)[Appeal a Claim](#)[Substantiate Claims](#)[Enroll in Direct Deposit](#)[Make a Payment](#)

### My HealthHub Resources

#### FAQ Quick Links

- All About FSAs
- HSAs Simplified
- My PayFlex Card

[See more FAQs](#)[Need Help? Contact Us](#)

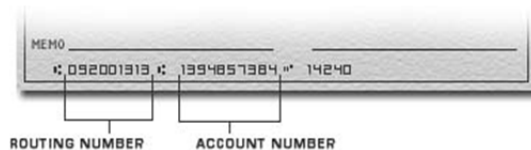
## Direct Deposit

By entering your Financial Institution Information, you hereby authorize PayFlex Systems USA, Inc. (PayFlex) to initiate credit or debit entries to your account with the Financial Institution indicated below. This authority is to remain in full force and effect until you have notified PayFlex of its termination in such time and in such manner as to afford PayFlex and the Financial Institution a reasonable opportunity to act on your notice. You understand this authorization is for reimbursements from your employer-sponsored reimbursement account plan.

Employer	<input type="text" value="Select Your Employer"/>
Bank Account Type	<input type="text" value="Select Account Type"/>
Account Number	<input type="text"/>
Confirm Account Number	<input type="text"/>
Routing Number*	<input type="text"/>
Confirm Routing Number	<input type="text"/>
Institution Name	<input type="text"/>

Complete the online form

\* You can obtain your institution's routing number from the bottom of a check or deposit ticket

[NEXT](#)

Then click "Next"



Welcome, Mike Smith

[LOGOUT](#) | [MY SETTINGS](#) | [CONTACT US](#)

[My Dashboard](#)

**Financial Center**

[Benefits Center](#)

[Wellness Center](#)

[Consumer Center](#)

### My HealthHub Accounts

Employee **Mike Smith**  
Active Accounts **2**

- Order a Debit Card
- File a Claim
- FAQ

#### Financial Center

- View My Accounts
- Account Overview
- Online Enrollment
- Order a Debit Card
- File a Claim
- Appeal a Claim
- Substantiate Claims
- Enroll in Direct Deposit

### My HealthHub Resources

#### FAQ Quick Links

- All About FSAs
- HSAs Simplified
- My PayFlex Card

[See more FAQs](#)

[Need Help? Contact Us](#)

### Direct Deposit

By entering your Financial Institution Information, you hereby authorize PayFlex Systems USA, Inc. (PayFlex) to initiate credit or debit entries to your account with the Financial Institution indicated below. This authority is to remain in full force and effect until you have notified PayFlex of its termination in such time and in such manner as to afford PayFlex and the Financial Institution a reasonable opportunity to act on your notice. You understand this authorization is for reimbursements from your employer-sponsored reimbursement account plan.

Employer Payflex

Bank Account Type Checking

Account Number 123456789

Routing Number 1110002121

Institution Name MY HSA BANK

[PREVIOUS](#)

[REMOVE](#)