

## Enrollment

Setting up a direct deposit for reimbursements can be easier than waiting for a check by mail. There are three ways to enroll in direct deposit\*.

1. Complete and return the Authorization Agreement for Direct Deposit form on the next page.
2. Call Nova's customer service team at 1-877-268-3799, Monday through Friday, 8 a.m. to 8 p.m. and they will walk through the information with you to get you started.
3. Log into your [secure portal](#) on your desktop or using the [NovaFlex App](#) to complete the information required to enroll.
  - a. To get started, click on your name and select Banking/Cards
  - b. Complete the banking information
  - c. Call 1-877-268-3799 or send an email to [flex@novahealthcare.com](mailto:flex@novahealthcare.com) to let us know you have completed the direct deposit information in your profile. This step is necessary as Nova is not notified when account holders make updates in the portal.

*\*Most, but not all, plans offer an option for direct deposit reimbursement. Please contact Nova's customer service team to confirm that your specific plan includes this option if you have questions.*

## Direct Deposit Set-Up

No matter which method you choose to enroll, once you complete the steps outlined above, Nova will initiate a "micro-deposit." Nova will make a small (micro) deposit of less than \$1 into your account. This micro-deposit will be visible to you in the account you selected for direct deposit within 1-3 business days.

## Complete the Activation

- To complete the activation, log into your [secure portal](#). You will see a Task alert.
- Enter the amount deposited into your account. When the amount you enter matches the amount Nova has deposited, that confirms the setup is correct.
- The final confirmation of the micro-deposit must occur within 10 days of the deposit. If you enter the wrong amount or do not confirm the amount deposited in a timely manner you will see an error message for a failed bank account activation. If you get this error message, you will need to call or email Nova so we may initiate another deposit for validation.



# Authorization Agreement for Direct Deposit

Please clearly PRINT all information

Return Form To:  
Nova Healthcare Administrators  
PO Box 1534  
Buffalo, NY 14231  
Fax: (716) 774-8092  
Online: <https://myflexpend.com>

Please complete the information below in full to set up direct deposit of manual claim reimbursement into your personal checking or savings account.

*Most, but not all, plans offer an option for direct deposit reimbursement. Please contact Nova's customer service team to confirm that your specific plan includes this option if you have questions.*

## SECTION 1 – Employee Information

Name: _____	Employer Name: _____
Address: _____	Phone: _____
City, State, Zip: _____	Social Security # - last 4 digits: _____
Phone: _____	Email: _____

## SECTION 2 – Account Status

New Agreement       Change in Account       Cancel Account

**Allow 10 business days for processing of this authorization.**

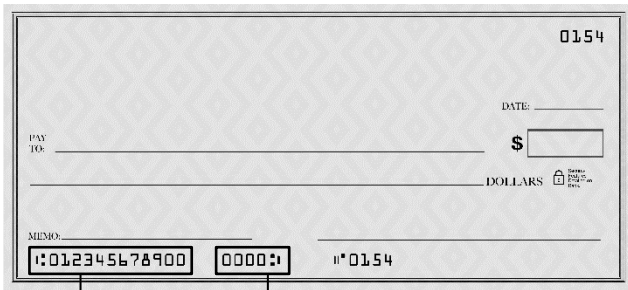
## SECTION 3 – Banking Information

Account Type:     Checking     Savings

Bank Name: \_\_\_\_\_

City, State, and Zip Code where account was opened: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_      Bank Account #: \_\_\_\_\_



*\*Attach a voided check or deposit slip for savings account in this section.\**

Transit/ABA #      Bank Account #

## Certification

I hereby authorize Independent Health Corporation to initiate credit entries and if necessary, debit entries and adjustments for any entries made in error to my account as indicated. This authorization will remain in effect until Independent Health Corporation has received written notification from me of its termination in such a manner as to allow Independent Health Corporation reasonable opportunity to act upon it. If I change any account, I will complete a new Authorization Agreement for Direct Deposit listing the new account information. I understand this authorization is for reimbursement for my Flexible Benefits, Health Reimbursement Plan and/or Transportation Benefit Plan. I understand that my deposits may not be credited to my account for up to two business days after the transaction has been sent to the bank for processing.

Employee Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_