

If you want to receive our payments in a way that is faster and more convenient, we offer you the option of electronic deposit directly into your bank account. This eliminates the risk of lost checks or having to go to the Bank and making long lines.

To qualify for this benefit you must complete the information below and send it along with a VOID check or deposit sheet stamped by the Bank in the event of a savings account, in the presealed and self-addressed envelope we enclose. It is so simple and fast.

AUTORIZATION FOR CLAIMS ELECTRONIC PAYMENTS

I authorize Triple S Vida, Inc., to perform entries into my bank account in the amount of the claim payments.

In the case of an error in credits, I also authorize to perform adjustment entries for which Triple-S Vida, Inc. will inform me in advanced. Any change in the account or any particular order to revoke this authorization, I understand that I must submit it in writing within 30 days in advance.

Employee's Name Employer's Name		Social Security Number	
		Account Bank and Branch Name	
Bank Account Number		Bank Account Route and Transit Number	
Authorized Signature		Authorization Date	
	Claim Nu	umber	
Type of Account (select one)	☐ Check	a □ Savings	
Please Include: Check Account: Void Check			

* It may take 5 to 10 business days responding to your request, so you could receive one or two checks by mail, before the electronic payment is effective.

Saving Account: Deposit Form