



Direct Deposit *Authorization* Broker Agreement

 Our leaf icon represents how we've eliminated a paper process and created the same materials online. Direct deposit is one of the ways Health Net is equally committed to our customers' well-being and the environment.

I authorize Health Net of Arizona, Inc., Health Net of California, Inc., Health Net Health Plan of Oregon, Inc. and/or Health Net Life Insurance Company, hereinafter called the 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 the Company notifies me that this service has been terminated. I hereby authorize the 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.

Broker name (as it appears on license):		Vendor/Broker ID # (please list all IDs that apply):	
Payee tax ID #:		Email address:	
Mailing address:	City:	State:	ZIP:
Contact info: Name:		Phone #:	
Signature (owner or agent):		Date:	
Print name:		Title:	

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: <input type="checkbox"/> New direct deposit with A/P <input type="checkbox"/> Change existing deposit with A/P			
Bank name:			
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing #:		Account #:

Please note: It takes at least two weeks to implement an automatic deposit. If you transfer to a new bank, or if you change accounts, your automatic deposit may be interrupted. If you have any questions regarding this process, please contact our Broker Services Department: in California, call 1-800-448-4411 and select option 4; or in Oregon/Washington, call 1-888-802-7001, extension 5157; or in Arizona, call 1-800-409-6565.

Mail or fax this completed form to:
Health Net, Inc.
Broker Commissions Department, CA-100-04-02
PO Box 9103
Van Nuys, CA 91409-9103
Fax: (818) 676-5524