



## Direct Deposit

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CorVel is pleased to offer a secure and accelerated way for you to receive payments. Please fill out our on line form to take advantage of Direct Deposit.

Get started today: <https://app.caremc.com/tseft/eftintake>

Don't have internet access? Please fill out the ACH Payment Authorization form below and mail to:

CorVel Corporation  
ATTN: EFT Department  
4120 SE International Way, Suite A108  
Milwaukie, OR 97222

### ACH Payment Authorization Form

I authorize CorVel Corporation to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled in writing.

Date \_\_\_\_\_ Employer Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Claimant Name \_\_\_\_\_ Claimant Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Account Type (Check one):    Checking:             Savings:

Financial Institution City and State \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Financial Institution Routing/Transit Number \_\_\_\_\_

Questions? Email: [eft@corvel.com](mailto:eft@corvel.com) Phone: (503) 795-3157 Fax: (866) 434-2481