HealthSecure HRA® Direct Deposit Enrollment

The Variable Annuity Life Insurance Company (VALIC) Houston, Texas

Center at 1-888-364-5027.



Set up or change your direct deposit online: (1) Log in at HRAgo® (mobile app) or HealthSecureHRA.com; (2) Click My Profile; (3) Select Account Preferences; and (4) Click Update Direct Deposit. Or, mail completed form to: HealthSecure HRA, PO Box 4389, Clinton, IA 52733-4389.

1. PARTICIPANT INFORMATIO	N				
Account Number or SSN	Date of Bi	rth (mm/dd/yyyy)			
Last Name		First Name		M.I	
Mailing Address		City	State	Zip	
Area Code and Phone Number	E-mail Address (Use home or	nersonal email address)			
Area Gode and Frione Number	E-mail Address (Ose nome of	personal email address.			
E-COMMUNICATION					
GO GREEN! Sign up for e-communication and avoid the paper clutter. Make your election online. After getting your welcome packet in the mail, log in at HealthSecureHRA.com and click My Profile to update your Account Preferences.					
HealthSecureHRA.com and click	MIY Profile to update your Account Prefere	ences.			
2. BANK INFORMATION					
	supersede any previous direct deposit enrol		ed. If you have more tha	n one HealthSecure	
HRA participant account, this direct deposit enrollment will apply to all of your accounts.					
This direct deposit request is: NEW Request UPDATED Information Account type:					
N					
☐ Checking Name ☐ Savings	or interior montation (same or order amon)				
	routing transit number (see sample check t	Delow) Account number (de	o not include your check	number)	
9-digit	Touting transit number (see sample check t	below) Account number (di	o not include your check	number)	
Sample check	Memo:				
	1:1234567851:	587654321611			
	9-digit routing/transit number	Account number	Check numb	205	
	9-digit routing/transit number	Account number	Check numi		
3. CERTIFICATIONS: READ B	EFORE SUBMITTING				
	rovide updated information to the Plan if an		es. I acknowledge if a di	rect deposit is returned	
trom my financial institution, the Pla	an will mail a reimbursement check to the m	nost current address on file.			
	form, you agree to the Terms and Condit				
Summary Plan Description. To g	et a current copy of the Plan Summary, log	g in at HealthSecureHRA.com and click	Resources, or contact	our Customer Care	

More Information HealthSecureHRA.com | Ask Questions 1-888-364-5027

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