



Electronic Deposit (U.S.) and Wire Transfer (outside of U.S.) Form

Please send the completed form to TieCare International:

- **Email:** customerservice@tiecare.com
- **Fax:** +1.949.271.2330

A. ACCOUNT HOLDER INFORMATION		
Last Name:	First Name:	Middle Initial:
Policy #:	Member ID #:	
Address:		
Postal Code:	Country:	
Phone:	Fax:	
Email:		
B. BANKING INFORMATION		
Bank Name:		
Name on Account:		
Account #/IBAN:		
Routing #/ABA # (for Electronic Direct Deposit):		
SWIFT code (for Wire Transfer):		
Bank Address (for Wire Transfer):		
C. BANK ACCOUNT HOLDER AUTHORIZATION		
Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing false, incomplete or misleading information is guilty of a felony.		
Name:	Date:	
Signature: By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.		

Privacy Notice

The TieCare International group of companies includes brokering and management companies, as well as assistance and administration companies. We respect your privacy, and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at www.totalscholasticsolutions.com/privacy-policy and we would advise you to read the policy so you understand your rights and your personal data use by the TSS Group.