

# JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

## DIRECT DEPOSIT AUTHORIZATION FORM: Health Reimbursement Account Plan (HRA)

Dear Participant,

By completing this form you are authorizing direct deposit for all your Health Reimbursement checks. If you wish to take advantage of this option please enter the required information below and return to the Joint Industry Board. If you have already completed a direct deposit form for the HRA, you do not need to send another form.

I hereby authorize the **Health Reimbursement Account Plan** to direct deposit credit entries to my account in the financial institution below. This authorization is to remain in effect until the **Health Reimbursement Account Plan** has received a written termination notification.

- Indicate the type of account: savings or checking.
- Fill in the bank's routing number. You can find this nine-digit number at the bottom left hand corner of a personal check. (If the account is a savings account, you can find the routing number on a deposit slip)
- Fill in savings or checking account number.
- Fill in the information for the bank account where you want your plan payment to be deposited.
- Fill in the name, exactly as it appears on the checks or the account statement.

Is this a Checking  or Savings  account?

If this is a checking account please enclose a voided check or a copy of your check.

Routing Number:

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Account Number:

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Financial Institution name and address:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Member's Social Security #

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date