



Electrical Employers Self Insured Safety Plan

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the Electrical Employers Self Insurance Safety Plan to direct deposit credit entries to my account in the financial institution below. This authorization is to remain in effect until Electrical Employers Self Insurance Safety Plan has received a written termination notification or when I return to work.

- **All items are required and must be filled out to be processed.**
- 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 from the checking account with the same bank or you can get it from your bank)
- 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.
- If you do not know your Claim Number, please contact EESISIP.

NOTE: Please ignore this mailing and attached form if you do not want Direct Deposit OR you are already on Direct Deposit

[FORM CONTINUED ON NEXT PAGE]

