

Direct Deposit Enrollment Form For Claims

Direct deposit is faster and more secure than mailing you a check. We encourage you to take advantage of this convenient service. If you want to make direct deposit effective on your account, please complete this form and mail or fax to the Plan Administrator's office listed below.

PARTICIPANT INFORMATION

Participant's Name		Plan Account No. or SSN	
Street Address	City	State	Zip
E-mail Address		Telephone Number	

BANK INFORMATION

A voided check must be included for direct deposit. (Deposit slips are not acceptable.) If a voided check is not available, please contact your bank or credit union for your account number and routing number.

Name of Financial Institution (Bank or Credit Union)		Phone Number	
Account Number		Routing Number	
Account type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>			
This direct deposit request is: New Request <input type="checkbox"/> Updated Information <input type="checkbox"/>			
You will be notified by mail when a direct deposit reimbursement has been made.			

AUTHORIZATION & SIGNATURE

I understand that I must promptly provide updated information to the Plan Administrator if any of the above account information changes. I acknowledge if a deposit is returned from my financial institution, the Plan Administrator will mail a reimbursement check to the most current address they have on file. I understand this arrangement will remain in effect until changed by me. If I need to be contacted, you may contact me at the e-mail address or telephone number listed above.

Signature of Participant (required)

Date

Plan Administrator
c/o REHN & Associates, Inc.
P.O. Box 5433
Spokane, WA 99205-0433
Fax: (509) 535-7883

If you have any questions, please contact Stacy Morris via e-mail at stacy@rehnonline.com, or at (509) 534-0600 in Spokane or 1-800-VEBA101 (832-2101).