

## VEBA DIRECT DEPOSIT AUTHORIZATION / TERMINATION

Employee Information				
Name:				
		First		MI
Home Address:	011	C:4	Ctata	71
		Cit ,-	State	Zip
Social Sec_rit_N_mber:_		_ E-mail:		
Action Taken				
completing and s bmittعـر B	ting this form, I ish to ma	ake the follo ing elec	ction for m _Acco nt.	Choose One:
	Initiate Direct Depo	osit		
	Change Acco nt [	Designation for Direct	Deposit	
	Terminate Direct D	Deposit		
Authorization Agreeme	ent for Direct Deposit			
I hereb _a thorize The N _ (choose one) CHECKI Union named belo to del	ING ACCOUNT or SA	VINGS ACCOUNT in		-
Bank/Credit Union:		_		
Ro ting N mber  Check with	Acco nt f		uting or account number.	
Emplo ee Signat re:			Date:	
Mail completed form to:	The Nyhart Company, Attn: VEBA Claim Rei 8415 Allison Pointe Bo Indianapolis, IN 46250	imbursement oulevard, Suite 300	Or FAX comple. (888) 887-9961	ted form to: