

Direct Deposit Enrollment Form (recommended)

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HRA VEBA Third-party Administrator

Meritain Health | PO Box 27810 | Minneapolis, MN 55427-0810 | Phone: 1-888-659-8828 | Fax: (763) 582-3471 | E-mail: participantdata@meritain.com

NOTE: Direct deposit is faster and more secure than mailing you a paper check. It is recommended that you take advantage of this convenient service. If you have a valid e-mail address on file with the third-party administrator, you will receive e-mail confirmation when a direct deposit has been made, otherwise the deposit will be your confirmation.

1. PARTICIPANT INFORMATION

Last Name		First Name	Participant Account No. or SSN	
E-mail Address (home or personal recommended)		<input type="checkbox"/> Check here if new e-mail address	() -	Area Code and Phone Number
Mailing Address	<input type="checkbox"/> Check here if new address	City	State	Zip

2. BANK INFORMATION

This direct deposit request is: New Request Updated Information

Information you provide below will supersede any previous direct deposit enrollment on file. When requesting direct deposit to a **checking account**, a voided check must be attached for routing and account number verification. For direct deposit to a **savings account**, please contact your financial institution for routing and account number verification if a voided check is not available.

Account type [check one]:

- Checking account
 Savings account

Name of financial institution (bank or credit union)

9-digit routing/transit number (see below check example)

Account number (do not include your check number)

Sample check

Memo		
123456789	9876543210	1001

9-digit routing/transit number

Account number

Check number

3. AUTHORIZING SIGNATURE (required)

I understand that I must promptly provide updated information to the third-party administrator (TPA) if any of the above account information changes. I acknowledge if a deposit is returned from my financial institution, the TPA will mail a reimbursement check to the most current address on file. This authorization is not an assignment of my right to receive payment and revokes all prior payment direct notifications. I understand this arrangement will remain in effect until changed by written notice from me or my power of attorney. If I need to be contacted regarding this request, I may be contacted at the e-mail address or telephone number provided on this form.

Voided check attached? Yes No

X
Participant Signature

Date