

## VEBA DIRECT DEPOSIT AUTHORIZATION / TERMINATION

Employee Information														
Name:														
Last			F	irst							N	MI		
Home Address:	Street		City	v			Stat	te			Zip			
Social Security Number: _		E-	·mail:	•										
Action Taken														
By completing and submit	ting this form, I wish to m	nake the	follow	ing e	electic	on for r	my A	CCO	unt.	Cho	ose	On	e:	
	Initiate Direct Deposit													
Change Account Designation for Direct Deposit														
Terminate Direct Deposit														
Authorization Agreeme	ent for Direct Deposit	t												
I hereby authorize The Ny (choose one) CHECKI Union named below to del Bank/Credit Union:	ING ACCOUNT or SA bit same to such account	AVINGS t.	ACCC	OUN.	<b>T</b> indi	icated							-	
		$\overline{\Box}$	$\overline{}$			$\overline{}$								
Routing Number	Account	. Numb	L er						<u> </u>			<u> </u>		
9	h your financial institution for q	uestions	regardin	g you	ır routir	ng or ac	count	t num	nber.					
Acknowledgement														
I understand that this auth from me of a change in su tunity to act on it.	=		-		-	-								
Employee Signature:	ployee Signature:													
Mail completed form to:	The Nyhart Company Attn: VEBA Claim Re 8415 Allison Pointe B Indianapolis, IN 4625	00	Or FAX completed form to: (888) 887-9961											