



VEBA DIRECT DEPOSIT AUTHORIZATION / TERMINATION

Employee Information

Name: _____
Last First MI

Home Address: _____
Street Cit State Zip

Social Security Number: _____ E-mail: _____

Action Taken

By completing and submitting this form, I wish to make the following election for my Account. Choose One:

- Initiate Direct Deposit
- Change Account Designation for Direct Deposit
- Terminate Direct Deposit

Authorization Agreement for Direct Deposit

I hereby authorize The Nyhart Company to initiate deposit entries and adjustments to correct errors to my (choose one) **CHECKING ACCOUNT** or **SAVINGS ACCOUNT** indicated below and the Bank/Credit Union named below to debit same to such account.

Bank/Credit Union: _____

Routing Number Account Number

Check with your financial institution for questions regarding your routing or account number.

Employee Signature: _____ Date: _____

<i>Mail completed form to:</i>	The Nyhart Company, Inc. Attn: VEBA Claim Reimbursement 8415 Allison Pointe Boulevard, Suite 300 Indianapolis, IN 46250	<i>Or FAX completed form to:</i> (888) 887-9961
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