INDIANA UNIVERSITY

UHRS 06/09

Direct Deposit Authorization/Termination

Tax Saver Benefit (TSB) and Wellness HRA Plans

Please print or type. Use black ink.

Employee Information

Name: _____
Last First MI

Employee ID#: _____ Campus: _____

Home Address: _____
Street City State Zip

Home Phone: _____ E-mail: _____

Department: _____ Campus Phone: _____

Campus Address: _____

Action Taken

By completing and submitting this form, I wish to make the following election for my Tax Saver Benefit and Wellness HRA reimbursement account(s). Choose one:

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

* If terminating direct deposit, go to the *Acknowledgement* section; do not complete the *Authorization Agreement for Direct Deposit* section.

Authorization Agreement for Direct Deposit

I hereby authorize The Nyhart Company to initiate deposit entries and any 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 _____

Address _____
Street City State Zip

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ROUTING NUMBER ACCOUNT NUMBER

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

Acknowledgement

I understand that this authority is to remain in effect until The Nyhart Company receives written notification from me of a change in such time and in such manner as to afford The Nyhart Company a reasonable opportunity to act on it.

Employee Signature _____ Date _____

Mail completed form to: **The Nyhart Company, Inc.**
Attn: Flex Claim Reimbursement
8415 Allison Pointe Boulevard, Suite 300
Indianapolis, IN 46250-4201

Or fax completed form to:
(888) 887-9961
Customer Service: **(800) 284-8412**