



## DIRECT DEPOSIT AUTHORIZATION / TERMINATION

### EMPLOYEE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### ACTION TAKEN

By 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 Nyhart to initiate deposit entries and any adjustments to correct errors to my

Choose one:  **Checking Account**  **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.

### ACKNOWLEDGEMENT

I understand that this authority is to remain in effect until Nyhart 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: \_\_\_\_\_

### SEND COMPLETED FORM

**Mail:** Nyhart  
Claim Reimbursement  
8415 Allison Pointe Boulevard, Suite 300  
Indianapolis, IN 46250-4159

**Email:** support@nyhart.com  
**Fax:** 1-888-887-9961