



DIRECT DEPOSIT AUTHORIZATION / TERMINATION

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ Employee ID: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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. I recognize I will need to complete additional verification steps when prompted before my direct deposit account is active.

Employee Signature: _____ Date: _____

SEND COMPLETED FORM

Mail: Nyhart
Claim Reimbursement
P.O. Box 2905
 Fargo, ND 58108-2905

Fax: 1-888-887-9961