



# HARRISON TRUST

A FAMILY HEALTH PLAN  
WWW.HARRISONBENEFITS.ORG

## DIRECT DEPOSIT AUTHORIZATION

The Harrison Electrical Trust Fund highly encourages you to have your Flex reimbursements electronically deposited into your bank, credit union or other financial institution. If you would like to have your Flex reimbursement deposited directly to your financial institution, please complete this form and sign below.

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

The undersigned participant ("Participant") hereby authorizes and directs the Administrative Office for the Harrison Electrical Trust Fund ("Plan"), to transfer funds for benefit payments to which Participant may be entitled under the terms of the Plan as they become due and payable, and directly deposit said funds by electronic transfer to the account maintained by Participant at the financial institution identified below. Said funds shall be in full payment, satisfaction and discharge of amounts due Participant under the Plan. Participant authorizes and directs Financial Institution to refund any payments to the Plan to which Participant, or Participant's successors or estate, would not have been entitled under the Plan as a result of Participant's death or otherwise, and charge the same to the Participant's account designated below. Participant agrees on behalf of his or herself, any co-tenants, heirs, executors, successors and any trustee on his or her trust (if any) to reimburse the Plan for such payments.

☐ Checking Account (Attach a voided check or bank confirmation)

☐ Savings Account (Attach a deposit slip or bank confirmation)

Depository Name: \_\_\_\_\_

Bank, Credit Union, or Financial Institution

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

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

ABA Routing#: \_\_\_\_\_ Account#: \_\_\_\_\_

If the bank identified above is a financial institution located outside of the United States or the funds deposited into the bank account identified above will be forwarded to, credited or otherwise handled by a financial institution located outside of the United States, I will immediately notify the Trust Office. This authority is to remain in full force and effect until the Harrison Electrical Trust Fund has received written notification from me of its termination in such time and in such manner as to afford the Harrison Electrical Trust Fund and the DEPOSITORY a reasonable opportunity to act upon it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Flex Direct Deposit\_08.2021  
Route to Eligibility Department