

DIRECT DEPOSIT AGREEMENT

Name of Retiree _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. **PLEASE PRINT CLEARLY.**

Routing No. Account No. _____

Type of Account: ☐ Checking ☐ Savings

Financial Institution

Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

I, the undersigned, hereby authorize the Board of Trustees of the VEBA Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Health Reimbursement Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the VEBA Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the VEBA Fund.

Retiree Signature _____

Date _____

Spouse Signature _____

Date _____

Please allow up to 45 days for the direct deposit set-up process to be completed.

RETURN FAX#
(248) 556-2597

RUFUS MAPLE
MARY MAPLE
123 Main Street
Anyplace, LA 70000

PAY TO THE
ORDER OF _____ \$

ANYPLACE BANK
Anyplace, LA 70000

For _____

Routing number (line 23b) Account number (line 23d)

1: 1234

1234
15-000000000

Do not include the check number

Note: The routing and account numbers may be in different places on your check.