INDIANA UNIVERSITY
HUMAN RESOURCES

TAX SAVER BENEFIT (TSB) PLAN
DIRECT DEPOSIT AUTHORIZATION / TERMINATION FORM

1. EMPLOYEE INFORMATION:

Employee Name (Last, First, MI): _____ 10-digit University ID: _ _ _ _ _ _ _ _ _ _

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____ Campus Phone: (____) ____ - _____ E-mail: _____

Campus: _____ Department: _____ Campus Address: _____

2. REQUEST:

By completing and submitting this form I wish to make the following election for my Tax Saver Benefit 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.

3. BANK INFORMATION:

I hereby authorize The Nyhart Company to initiate deposit entries to my account as chosen below. I also authorize the Bank/Credit Union named below to correct any credit entries resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

- ☐ Checking Account
- ☐ Savings Account

Bank/Credit Union Name: _____

Address: _____

Routing Number Account Number

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

4. EMPLOYEE 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

Fax Completed Form to: (888) 887-9961

Phone: (800) 284-8412
Email: *flexplans@nyhart.com*
Website: *iutsb.nyhart.com*

Clear Form Print Form HR 2017