Print Form

INDIANA UNIVERSITY

Direct Deposit Authorization/Termination

Tax Saver Benefit (TSB) Plan

Employee Information

Employee Name: _____ **Employee ID:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone (Home): _____ - _____ - _____ **Phone (Campus):** _____ - _____ - _____ **Email:** _____

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.

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.

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
Phone: 800-284-8412
Email: flexplans@nyhart.com
Website: iutsb.nyhart.com
Fax Completed Form to: (888) 887-9961