

**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  
8415 Allison Pointe Boulevard, Suite 300  
Indianapolis, IN 46250-4159

**Email:** support@nyhart.com  
**Fax:** 1-888-887-9961