

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

SECTION 1 EMPLOYEE INFORMATION

Employee Name:		University 10-Digit ID:	
Address:	City:	State:	Zip:
Campus Address:	Department:	Campus	
Email:	Campus Phone:	Home Phone:	

SECTION 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 Bank Information section.*

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:

SECTION 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 a manner as to afford The Nyhart Company a reasonable opportunity to act on it.

Signature:

Date:

Return form to:

Nyhart, ATTN: Flex Claim Reimbursement, 8415 Allison Pointe Blvd, Suite 300, Indianapolis, IN 46250, or fax to (888) 887-9961

Customer Service:

(800) 284-8412 | support@nyhart.com | iu.nyhart.com