



P.O. Box 4002 • Eau Claire, WI 54702-4002
715-835-3174 • 800-424-3405 • Fax 715-834-8061 • Claims Fax 715-835-3114

DIRECT DEPOSIT AUTHORIZATION FOR HRA REIMBURSEMENT

I (we) hereby authorize the North Central States Regional Council of Carpenters' Health Fund, and the financial institution shown below, to deposit my HRA reimbursement check directly into my (our) account. If funds to which I am not entitled are deposited into my (our) account, I (we) authorize the Fund to direct the bank to return those funds. This authorization will remain in effect until I (or either of us) file a new authorization form. **If the account is joint, both parties must sign.**

Print Name

Print Name

Signature

Date

Signature

Date

Last 4 digits of Social Security Number

Last 4 digits of Social Security Number

Home Address

City

State

Zip Code

Bank Name

Bank Telephone Number

Bank Address

City

State

Zip Code

ATTACH A VOIDED CHECK

_____/_____
Routing Number Account Number

Type of account: Checking ____ Savings ____

Please call the Fund Office at (800) 424-3405 if you have any questions.