

Use this form to start or change direct deposit of your pension and/or medicare benefit. Be sure to cancel an existing direct deposit before making a change.

HRSA-ILA

Pension or Medicare Direct Deposit Form

Port No: _____ SS #: _____

Participant Name: _____

Participant E-Mail Address: _____

I authorize HRSA-ILA and the financial institution listed below to credit automatically to the indicated deposit account my:

- Monthly Pension benefit
 Quarterly Medicare premium reimbursement
(Check all that apply)

payable to me by the appropriate fund. If amounts to which I am not entitled are deposited to my account, I authorize HRSA-ILA Funds to direct the financial institution to return said amounts. This authority is to remain in effect until canceled in writing.

Financial Institution: _____

City: _____ State: _____ Zip: _____

Please check one of the following accounts. Also provide the account number and a routing/transit number to ensure your money is deposited in the proper account. (These numbers can be obtained by calling your bank. If a checking account is selected for direct deposit, attach a copy of a voided check.) The Participant's name must be on the account.

- Checking Account Savings Account

Transit Routing Number: (First 9 numbers in the series on the bottom of your check)

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Account Number: (Remaining numbers following your transit routing number - Do not include the check number)

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Is this a new request or a change to an existing direct deposit on file with the Funds?

Participant Signature: _____

Date: _____

Instructions for HRSA-ILA DIRECT DEPOSIT FORM

- **After filing the form in its entirety, the Participant must sign and date the form.**
Requests cannot be taken by phone.
- **Submit a voided check along with the direct deposit request form. For deposits into savings accounts, a valid bank routing / transit number must be submitted. Since this is not always the same as the number on a deposit slip, please do not submit a deposit slip with this form.**
- ♦ **The Participant must be an account holder on the bank account selected for direct deposit. We cannot accept direct deposit requests if the Participant's name does not appear on the voided check or bank slip.**

An "Authorization to Cancel Direct Deposit" form must be filled out and signed by any participant who no longer wishes to receive direct deposit. This form is self-explanatory, and carries the same deadline as the direct deposit election form above.