International Brotherhood of Electrical Workers
IBEW A QUALITY CONNECTION NECA
National Electrical Contractors Association-Nebraska

IBEW LOCAL UNION NO. 22/NECA
HEALTH and WELFARE TRUST FUND

www.ibew22benefits.com

Electrical Industry Center
8960 L Street, Suite 101
Omaha, NE 68127-1414
Telephone: (402) 592-3753
Toll Free: (866) 315-1739
Fax: (402) 951-9500

Health Reimbursement Arrangement (HRA)
Direct Deposit Authorization Agreement

DON'T FORGET: YOU MUST ALSO FILE A COMPLETED CLAIM FORM IN ORDER TO BE REIMBURSED FOR YOUR ELIGIBLE EXPENSES

I WOULD LIKE TO:

- ☐ Authorize a new Direct Deposit
- ☐ Change an Existing Direct Deposit
- ☐ Cancel an Existing Direct Deposit

Name:_____ SS#: _____

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

I authorize The Fund Office to initiate credit entries to my account with the Financial Institution indicated below. This authorization will remain in force until The Fund Office has received written notification from me of its termination in such time and in such manner as to afford The Fund Office and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my Fund sponsored HRA.

- ☐ Checking Account **A voided blank check <u>MUST</u> accompany this form**
- ☐ Savings Account **A Voided blank deposit slip <u>MUST</u> accompany this form**

Bank Name: _____

Name(s) on Account: _____

Bank ABA Routing Number (9-digits): _____

Bank Account Number: _____

Authorized Signature: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY: **DATE ENTERED:** _____ **FSR:** _____