nyhart

DIRECT DEPOSIT AUTHORIZATION / TERMINATION

Contact Information

Contact: _____
Last First MI

Employer Address: _____
Street City State Zip

Contact E-mail: _____ Contact Phone Number: ( ) -

Group ID Number: _____
(From Your Anthem ID Card)

Action Taken

By completing and 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 The Nyhart Company to initiate deposit entries and any adjustments to correct errors to my (choose one) ☐ **CHECKING ACCOUNT** or ☐ **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 The Nyhart Company 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.

Signature: _____ Date: _____

Mail completed form to:	**The Nyhart Company, Inc.** **8415 Allison Pointe Boulevard, Suite 300** **Indianapolis, IN 46250**	*Or FAX completed form to:* **(888) 887-9961**
or Scan and Email to:	**flexplans@nyhart.com**	