



DIRECT DEPOSIT AUTHORIZATION /TERMINATION

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Social Security Number: _____

ACTION TAKEN

By 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

You will need to complete the account validation process via your online account to activate your new Direct Deposit account. You will receive an email with additional information on this process once this form has processed.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Nyhart to initiate deposit entries and any adjustments to correct errors to my Choose one:

- Checking Account** **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 Nyhart receives written notification from me of a change in such and in such manner as to afford The Nyhart Company a reasonable opportunity to act on it. I acknowledge that I must complete additional validation steps via my online account before I can utilize this account.

Employee Signature: _____ Date: _____

SEND COMPLETED FORM

Mail: Nyhart
Claim Reimbursement
P.O. Box 2905
 Fargo, ND 58108-2905

Email: support@nyhart.com
Fax: 1-888-887-9961