

Direct Deposit Enrollment

Skip this form! Log in at veba.org and submit your direct deposit enrollment online.



SUBMIT COMPLETED FORM TO:

forms@veba.org | Fax: (206) 577-3020 | VEBA Plan, PO Box 80587, Seattle WA 98108

Direct deposit is fast and convenient. It is recommended that you take advantage of this service.

1 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

ACCOUNT NUMBER or SSN _____ DATE OF BIRTH mm / dd / yyyy _____

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

☐ Check here to go green and receive e-communication.

E-communication is fast and convenient. Electronic documents may include your Plan Summary, participant account statement and explanation of benefits (EOB) notifications, and general communication. If you are electing e-communication, please note that after logging in to your account at veba.org, you (1) may withdraw your consent for electronic documents at any time without charge by updating your account preferences; (2) will be able to view and print copies of electronic documents (you may request paper copies at no charge by contacting the customer care center); and (3) can update your email address on file by updating your personal information. To access electronic documents, you will need a copy of Adobe Acrobat Reader software loaded on your computer. You can download and install a free copy at www.adobe.com. Documents provided electronically will not be mailed via U.S. Mail.

2 BANK INFORMATION

Information you provide below will supersede any previous direct deposit enrollment on file. A voided check is not required. If you have more than one VEBA Plan participant account, this direct deposit enrollment will apply to all of your accounts.

This is: ☐ NEW request
☐ UPDATED information

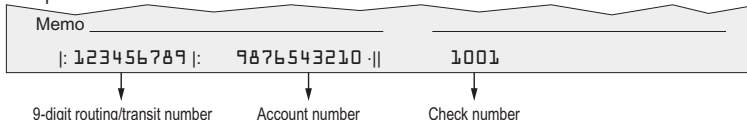
NAME OF FINANCIAL INSTITUTION (bank or credit union) _____

Account type:

☐ CHECKING
☐ SAVINGS

9-DIGIT ROUTING/TRANSIT NUMBER (see sample check) _____ ACCOUNT NUMBER (do not include check number) _____

Sample check



3 REQUIRED PARTICIPANT AUTHORIZING SIGNATURE

I understand that I must promptly provide updated information to the Plan if any of the above account information changes. I acknowledge if a direct deposit is returned from my financial institution, the Plan will mail a reimbursement check to the most current address on file. This authorization is not an assignment of my right to receive payment and revokes all prior payment direct notifications. I understand this arrangement will remain in effect until changed by written notice from me or my power of attorney. Funds availability is subject to my banking institution's policies and procedures. If I need to be contacted regarding this request, I may be contacted at the email address or phone number provided on this form.

Your handwritten signature is required; e-signatures are not acceptable.

Sign Here ➔

X

PARTICIPANT SIGNATURE _____

DATE mm / dd / yyyy _____

PHONE NUMBER WHERE I CAN BE REACHED _____

QUESTIONS? 1-888-828-4953 | customer care@veba.org | veba.org