

ASEA/AFSCME Local 52 Health Benefits Trust

111 West Cataldo Avenue, Suite #220
Spokane, WA 99201
(509) 328-0300 (866) 553-8206
Fax: (509) 328-8623 www.aseahealth.org

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS – HCRA & HRA

I hereby authorize Zenith American Solutions to initiate deposit of my flexible benefits reimbursements to the bank account indicated below and, if necessary, make debits and/or adjustments for any entries made in error to my account.

Please attach a copy of a cancelled check if you are electing to have reimbursement deposited into your checking account. If you are electing to have reimbursement sent to your savings account, please contact your bank for the Transit ABA Routing Number.

This authorization is (please check one of the following):

New_____ Change_____ Cancel_____

Transit ABA Routing Number Account Number Account Type
(Checking or Savings)

Name of Bank: _____

Bank Address: _____

Bank Phone Number: _____

Please Print Your Name: _____

Social Security Number: _____

Signature

Date