



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Employer Name: _____

Employee Name: _____

Employee Social Security Number: _____

I hereby authorize America's VEBA Solution to initiate deposit to the bank account indicated below. I authorize credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to my account.

The account is: (please check one of the following options)

New _____ Change _____ Cancel _____

Transit ABA Routing # Account Number

Checking Savings

★★★Please attach a voided check or a savings deposit slip to this form★★★

Name of Bank: _____

Bank Address: _____

Bank Phone: _____

Employee Signature

Date

★★★Please return completed form to:
America's VEBA Solution
Administration Resource Center
PO Box 548
Anoka MN 55303-0548
Fax 763-772-1370