EWBTF
Electrical Workers Benefit Trust Fund

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North Meridian Street – Suite 103, Indianapolis, IN 46202

HRA AUTO PAYMENT

Participant Name:	**Social Security Number:**	
Email:		
Address:		
City:	**State:**	**Zip:**

CHECK ALL RULES AND REQUIREMENTS
☐ **I wish to opt into auto payments from my Health Reimbursement Account**
☐ **I understand I must be signed up for Direct Deposit (enter information below)**
☐ **I understand payment will be made directly to me. This option will not pay a provider**
☐ **I understand it is my responsibility to correct payment discrepancies**
☐ **I understand funds will be used if available in my account**
☐ **I understand the funds from my HRA must be used towards only qualifying medical expenses**
☐ **I understand dental and prescription bills will NOT be automatically deducted**
☐ **I understand I must submit dental and prescription reimbursements manually**
☐ **I am authorizing direct deposit for HRA payments**

DIRECT DEPOSIT INFORMATION	
Name of Bank:	
Routing Number:	
Account Number:	
☐ **Checking**	☐ **Savings**

I have read understand the rules and requirements listed above. I certify that the above information is true to the best of my knowledge. If applicable, I agree to be responsible for any applicable taxes and/or administrative fees resulting from benefit payment(s). *Please allow 10-15 days for the processing and receipt of payment*.

I hereby authorize the Electrical Workers Benefit Trust Fund to deposit benefit payment to the account and bank or financial institution identified below and authorize the bank or financial institute to accept these deposits. This Authorization is to remain in full force and effect until the Fund has received written notification of its termination from me at such time and in such manner as to afford the EWBTF a reasonable opportunity to act on it.

If benefits to which I am not entitled are deposited to my account I authorize the Fund to direct the bank or financial institution to return the full amount of said benefit immediately. I agree that these deposits and adjustments, if any, may be made electronically and under the Rules of the Indiana Automated Clearing House Association (ACH).

Signature:	**Date:**