HANFORD EMPLOYEE WELFARE TRUST (HEWT)

DIRECT PAYMENT PLAN AUTHORIZATION FORM

Participant's Name	Payroll Number	Social Security Number

This form authorizes the HEWT to automatically deduct all of my required insurance contributions from the account identified below. This authorization will remain in effect until I provide written cancellation. Forms must be received by the first of a month to be effective the first of the following month, or automatic withdrawal will be delayed an additional month.

INSTRUCTIONS

1. *Check the type of account you would like to have your payment deducted from (checking or savings).*
2. *Provide the financial institution information and your participant information.*
3. *Attach a copy of a **voided check** for verification of all financial institution information. If you are unable to attach the voided check, please provide your account and routing numbers.*
4. *PLEASE BE SURE TO SIGN THE COMPLETED FORM and return to the address listed below.*

ACCOUNT INFORMATION

☐ Checking Account ☐ Savings Account

[Please Print]

Financial Institution Name _____

Financial Institution Address _____

Account Number _____

Routing/Transit Number _____

(Also referred to as RTN, Routing transit number, ABA, or bank routing number, your routing number is typically a nine-digit numeric code printed on the bottom of checks. If you are unsure which number to use, please contact your Financial Institution.)

[Please Print]

Participant's Mailing Address _____

_____

Participant's Phone Number _____ E:mail Address _____

I understand I will receive a notice if the amount changes. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of Washington State and U.S. law. I authorize Fluor Hanford, Inc. or its assignee on behalf of the HEWT to initiate electronic debit entries, in the full amount due, from the account listed above.

Signature _____ Date _____

Please return form to: *Mission Support Alliance, LLC, Attn: Benefits Accounting, P.O. Box 650, H3-08, Richland, WA 99352.*

Please keep a copy of the completed authorization for your records.

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