

AUTHORIZATION OF DIRECT DEPOSIT FOR CLAIMS REIMBURSEMENT

Plan Name: Inland Empire Electrical Workers Supplemental Benefits Account (SBA)

Participant Name: _____

Participant SSN or Account Number: _____

Address: _____

City, State Zip: _____

Phone Number: _____

Email Address: _____

I hereby authorize Rehn & Associates to initiate credit entries to my:

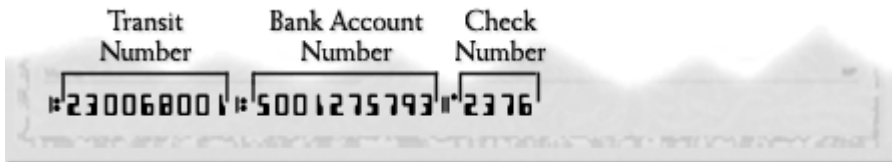
Checking Account Savings Account

As indicated below and the depository named below to credit the same to such account.

DEPOSITORY (Financial Institution): _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____



**** PLEASE ATTACH A VOIDED CHECK ****

I understand that I must promptly provide updated information to the Third Party Administrator (TPA) if any of the above account information changes. I acknowledge if a deposit is returned from my financial institution, the TPA will mail a reimbursement check to the most current address they have on file. I understand this arrangement will remain in effect until changed by me. If I need to be contacted regarding this request, I may be contacted at the email address or telephone number provided on this form.

Signature

Date

Please submit this form to Rehn & Associates via:

Email: veba@rehnonline.com
Fax: (509) 535-7883
Attn: VEBA Department

Mail: Rehn & Associates
Attn: VEBA Department
PO Box 5433
Spokane, WA 99205

