HRSA-ILA
Beneficiary Direct Deposit Request

Member Information:

Port No: _____ Member Name: _____

Beneficiary Information:

Name: _____ SSN: _____

Address: _____

Email Address: _____ Phone: _____

I authorize the HRSA-ILA and my financial institution to transfer into my account:

☐ Life Insurance Benefit
☐ Container Royalty – Death Benefit
☐ Vacation & Holiday – Death Benefit

Financial Institution: _____

Type of Account: Checking: _____ Savings: _____

Attach a voided check **here** or have your financial institution complete the transit routing/account numbers and place their **stamp** in the space provided.

Transit Routing # Bank Stamp:

|__|__|__|__|__|__|__|__|__|

Account #

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

- **Direct deposit request will not be accepted without either a check or bank stamp**
- Starter checks for direct deposit will not be accepted
- Direct deposit will not be accepted unless the payee is the account holder or joint account holder
- Do not attach a deposit slip

I acknowledge that HRSA-ILA has no control over the accessibility of funds in my account after the direct deposit is made.

Payee Signature: _____ Date: _____