

Use this form to start or change direct deposit of your Container Royalty or Vacation & Holiday benefit. Be sure to cancel an existing direct deposit before making a change.

HRSA-ILA

Container Royalty or Vacation & Holiday Direct Deposit Form

Port No: _____ SS# _____

Participant Name: _____

Participant E-Mail Address: _____

I authorize the HRSA-ILA and the financial institution listed below to credit automatically to the indicated deposit account my:

Container Royalty benefit

Vacation & Holiday benefit

(Check all that apply)

payable to me by the appropriate fund. If funds to which I am not entitled are deposited to my account, I authorize the company to direct the financial institution to return said funds. This authority is to remain in effect until cancelled in writing.

Financial Institution: _____

City: _____ State: _____ Zip: _____

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

Bank Stamp:

Transit Routing # _____

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

Participant Signature: _____

Date: _____

Form D-2
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