

# HRSA-ILA

## Beneficiary Direct Deposit Request

### Member Information:

Port No: [redacted] Member Name: [redacted]

### Beneficiary Information:

Name: [redacted] SSN: [redacted]

Address: \_\_\_\_\_

Email Address: [redacted] Phone: [redacted]

I authorize 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 provide a bank letter confirming your account information for direct deposit.

- **Direct deposit request will not be accepted without either a check or bank letter**
- Starter checks for direct deposit not accepted without account holder's name on it
- 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: \_\_\_\_\_