

DIRECT DEPOSIT FORM



**NORTHERN ILLINOIS
HEALTH PLAN**

Freeport School District

INSTRUCTIONS:

1. Print Clearly
2. Complete ALL information
3. Attach an entire VOIDED CHECK or ENCODED SAVINGS DEPOSIT TICKET
4. Sign and date application
5. Mail, fax or email to: Northern Illinois Health Plan
ATTN: Flexible Spending Dept.
PO Box 880
Freeport, IL 61032
Fax: 815-599-7059 or NIHPCustomerService@fhn.org

NAME OF EMPLOYER Freeport School District

EMPLOYEE NAME _____ Social Security Number _____

YES - I would like to receive notification of Direct Deposit electronically and my email address is: _____

PLEASE DEPOSIT MY REIMBURSEMENTS INTO THE BANK ACCOUNT INDICATED BELOW:

BANK NAME _____ ROUTING # _____

Check only one account type:

CHECKING – attach a voided check below Checking account number _____

SAVINGS – Obtain an encoded deposit ticket from your bank and attach it below. A non-encoded savings deposit slip is not sufficient. Savings account number _____

I hereby authorize Northern Illinois Health Plan (hereinafter (NIHP) to deposit any amounts owed me by initialing credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by NIHP to my account. In the event that NIHP deposits funds erroneously into my account, I authorize NIHP to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and affect until NIHP and BANK have received written notice from me of its termination in such time and in such manner as to afford NIHP and BANK a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ DATE _____

If you have any questions concerning this form, please contact the Northern Illinois Health Plan Customer Service Department at 815-599-7050.

*******REQUIRED: ATTACH VOIDED CHECK OR ENCODED DEPOSIT SLIP*******