

## Reimbursement Direct Deposit Authorization Form

### INSTRUCTIONS

Complete this form to enroll in or change banking information for HM Life Insurance Company of New York's Direct Deposit option. After signing and dating this form, return it to your HM Life Insurance Company of New York sales representative.

### ACTION REQUESTED

- BEGIN direct deposit of reimbursements
- UPDATE direct deposit information
- CANCEL direct deposit of reimbursements

### INFORMATION

Name on Bank Account

Company Name

EIN Number

Email Address

Telephone Number

### FINANCIAL INSTITUTION INFORMATION

Financial Institution Name

Routing/Transit Number

Type of Account (select one)

- Checking    Account Number \_\_\_\_\_
- Savings      Account Number \_\_\_\_\_

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the direct deposit of my reimbursement to the account and financial institution indicated above. Such direct deposit will be made unless I chose to terminate this agreement. Any such notification to HM Life Insurance Company of New York must be in writing and shall become effective upon receipt, after a reasonable opportunity to act on it.

In the event that funds are deposited erroneously into my account, HM Life Insurance Company of New York may deduct an amount, not to exceed the original amount of the deposit, from future benefit payments. If future benefit payments are not available, HM Life Insurance Company of New York may pursue a refund.

The recipient of any overpayment also has the option to reimburse HM Life Insurance Company of New York by way of a check or ACH.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Return the completed form to your HM Life Insurance Company of New York sales representative.**