

MONTANA VEBA AUTHORIZATION FOR DIRECT DEPOSIT

~ This form can be completed online at www.montana.rehnonline.com ~

Employee Name: _____

Employee SSN: _____

Employer: _____

I hereby authorize Rehn & Associates to initiate credit entries to my:

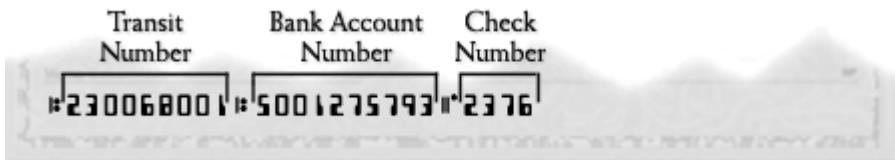
Checking Account Savings Account

As indicated below and the depository named below to credit the same to such account.

ACCOUNT NUMBER: _____

DEPOSITORY (Financial Institution): _____

BANK ACH TRANSIT ROUTING NUMBER: _____



**** PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP ****

This authority will remain in full force and effect until A.W. Rehn and Associates, Inc. has received written notification from you of its termination in such time and in such manner as to afford A.W. Rehn and Associates, Inc. a reasonable opportunity to act on it. A.W. Rehn and Associates, Inc. is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

Signature

Date

**** IF YOU HAVE SIGNED UP FOR DIRECT DEPOSIT IN A PREVIOUS PLAN YEAR, THERE IS NO NEED TO SEND THIS FORM AGAIN UNLESS YOUR ACCOUNT INFORMATION HAS CHANGED ****

Please submit this form to Rehn & Associates via:

Email: montana@rehnonline.com

Fax: 509.535.7883
Attn: Montana VEBA

Mail: Rehn & Associates
Attn: Montana VEBA HRA
PO Box 5433
Spokane, WA 99205

MONTANA VEBA
HEALTH REIMBURSEMENT ACCOUNT

