

If you have already submitted this ACH form with a previous HRA claim, this is not required for additional HRA claim submissions. Please resubmit this form if your banking information has changed.

**OPERATING ENGINEERS LOCAL 139 HEALTH BENEFIT FUND  
PO BOX 160  
PEWAUKEE WI 53072-0160**

**AUTHORIZATION FOR DIRECT DEPOSIT  
FOR HEALTH REIMBURSEMENT ACCOUNT (HRA) PAYMENTS**

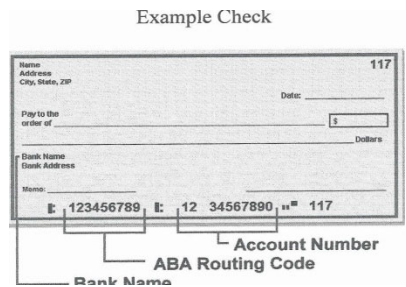
I authorize the Operating Engineers Local 139 Health Benefit Fund and their financial institution to initiate entries to my checking/savings account. This authority will remain in effect until I notify the fund in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

**Staple a Voided Check Here**

\_\_\_\_\_  
(Name – Please Print) (Social Security Number or OEF)

\_\_\_\_\_  
(Address – Please Print)

\_\_\_\_\_  
(Email) (Phone)



Your Routing Number: \_\_\_\_\_

Your Account Number: \_\_\_\_\_

Please circle account type:    Checking    Savings

By signing below, I authorize the Operating Engineers Local 139 Health Benefit Fund to deposit my Health Reimbursement Account (HRA) claim payments to the bank account as listed above. I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize the Operating Engineers Local 139 Health Benefit Fund to make direct deposits into the account named above.

\_\_\_\_\_  
(Signature of member) (Date)