

DIRECT DEPOSIT REQUEST FORM



Complete this form, sign it, and send it to the following address to have your Retiree Medical Insurance Rembursement deposited to your account electronically:

College of DuPage
Benefits Department
SRC2134
Glen Ellyn, IL 60137

Full Name - PRINTED

Address

City

State

ZIP code

Phone Number

E-Mail

Please have my Retiree Medical Insurance Reimbursement automatically deposited into the following account:

Checking account number

Or

Savings/account number

Your bank's routing number

I authorize **the College of Dupage** and my bank to automatically deposit my **Retiree Medical Insurance Premium** into my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

Your signature

Date