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## Disability Direct Deposit Authorization

*For claims incurred before July 1, 2005, MESSA disability benefits are underwritten by the Connecticut General Life Insurance Company.*

*All other MESSA disability benefits are underwritten by the Life Insurance Company of North America.*

Use this form to set up, update or cancel direct deposit of disability benefit payments.

By signing below, I authorize MESSA and its authorized agents to deposit my disability benefit payment electronically into the account below and to adjust entries as needed to correct errors. This authorization remains in effect until canceled in writing.

- Please return this form to the MESSA Disability Department with a voided check or appropriate bank statement that includes both the account and routing number. **This information is required in order to process all new account setups.**
- Credit union accountholders must verify transit number with their credit union and provide below.
- I hereby agree that I will not have MESSA direct deposit any of my payments to either a foreign bank or a U.S. bank and then have the entire amount forwarded to a bank account in another country.

Set up new account     
  Update account     
  Cancel direct deposit

Member Name		Member Social Security Number	
Street			
City		State	ZIP
Phone Number			

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Name of financial institution	
Bank transit routing # (attach voided check)		Account #	
Return this form to:    Disability Department MESSA P.O. Box 2560 East Lansing, MI 48826-2560			

Signature \_\_\_\_\_ Date \_\_\_\_\_