



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 account holders must verify routing 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.

1 Member Information

SET UP DIRECT DEPOSIT
 UPDATE DIRECT DEPOSIT
 CANCEL DIRECT DEPOSIT

FIRST NAME LAST NAME

ADDRESS CITY STATE ZIP CODE

DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER PREFERRED PHONE NUMBER

2 Financial Information

NAME OF FINANCIAL INSTITUTION
 CHECKING SAVINGS

ROUTING # (ATTACH VOIDED CHECK) ACCOUNT #

RETURN THIS FORM TO:
Disability Department
MESSA
P.O. Box 2560
East Lansing, MI 48826-2560

MEMBER'S SIGNATURE _____ DATE _____

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