



ASRS Long Term Disability Direct Deposit Authorization Form



PART 1: To be Completed by Employee

Employer: ARIZONA STATE RETIREMENT SYSTEM

Employee: First Name _____ Middle Initial _____ Last Name _____

SSN: _____

Agreement

I authorize Sedgwick and my Employer, at their discretion, to deposit my approved disability benefit payments into my account as indicated below.

This authorization will remain in effect until I give written notice to Sedgwick either to change or cancel this authorization, in such time and in such manner as to afford Sedgwick a reasonable opportunity to act on it. I understand that my deposit will not be posted to my account until the date of my monthly benefit payment.

I have provided Sedgwick with my financial institution information solely for the purpose of verifying my account number and transit/routing information.

I grant Sedgwick and my Employer the right to correct any Electronic Funds Transfer resulting from erroneous overpayment by debiting my accounts to the extent of such overpayment. I further understand that Sedgwick or my Employer is not responsible for any costs or service charges incurred by me as a result of Sedgwick's actions related to Electronic Funds Transfer.

Action Requested

- Please establish a **NEW** direct deposit to the bank and account listed below.
- Please **CHANGE** my direct deposit, and direct my benefit payments to the bank and account listed below.
- Please **CANCEL** the direct deposit of my benefit payments to the bank and account listed below and send my benefit payment check to me in the mail.

Employee Signature

Date

PART 2: Financial Institution Information

Name of Financial Institution: _____

Routing #:

Telephone #: () -

Account #:

Type of Account: Checking Savings

After completing this form, please **fax it to Sedgwick at (855) 800-5116** or mail it to **Sedgwick, PO Box 14648, Lexington, KY 40512**. Sedgwick only needs one copy of this form, so please choose one method of delivery only.

For Sedgwick Use Only

Prenote Completed By: _____ Date: _____