

**HEALTH REIMBURSEMENT ARRANGEMENT (HRA)
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

I hereby authorize the PIPELINE INDUSTRY BENEFIT FUND, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME: _____

BANK ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

BANK PHONE: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Checking
 Savings

This authorization is in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____

SOC SEC NUM: _____

SIGNATURE: _____

DATE: _____

Please Note: If participating in the HRA Automatic Deposit program, Explanation of Benefits Forms (EOBs) will no longer be mailed to you but can be accessed at any time under the Members Login section at www.pibf.org.

ATTACH A COPY OF A VOIDED PREPRINTED CHECK HERE:

RETURN THIS FORM TO:

**PIPELINE INDUSTRY BENEFIT FUND
P.O. BOX 470950, TULSA, OK 74147-0950
FAX: (918) 280-4899**

This form **MUST** be notarized if any of the following apply:

- 1) Check copy attached has no name on the account or is not in member's name.
- 2) No check copy is attached.

NOTARY PUBLIC

State of _____)

) SS:

County of _____)

On the _____ day of _____, 20____, before me came _____ and

_____ to me known and known to me to be the person(s) described in and who executed the above statement(s) and he/she/they duly acknowledge to me that he/she/they executed the same.

(Notary Public)

My Commission Expires