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# TrustSecure™ Direct Deposit Form

Complete this form if you would like your TrustSecure reimbursements deposited directly into your checking or savings account. Upon completion, fax the form to (763) 552-6055 or mail the form to the following address:

Educators Benefit Consultants, LLC  
3125 Airport Parkway, NE  
Cambridge, MN 55008

## PARTICIPANT INFORMATION

Employer \_\_\_\_\_

Participant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security No. \_\_\_\_\_

Participant Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Participant e-mail address (used by EBC to confirm processing of your direct deposit form) \_\_\_\_\_

## ACCOUNT INFORMATION

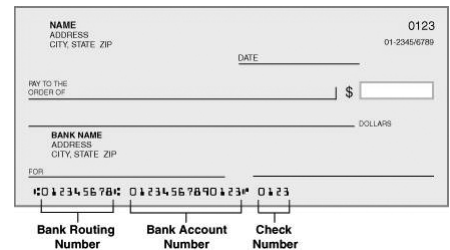
I authorize Educators Benefits Consultants, LLC, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the financial institution named below to credit and/or debit the same to such account.

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT TYPE:  Checking  Savings



Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

### IMPORTANT

Please include a voided check with this form. For a savings account, a deposit slip is acceptable.



TrustSecure is administered on behalf of the WEA Trust by:  
Educators Benefit Consultants, LLC, 3125 Airport Parkway, NE, Cambridge MN 55008  
Toll-free: (888) 507-6053 Fax: (763) 552-6055 Web site: weatrustsecure.com