Periodic Payment Change Request Form

For Change of Address / Direct Deposit Authorization Use

WELLS FARGO

Payment Services
MAC N9306-042, Sixth and Marquette, Minneapolis, MN 55479
Phone: 1-877-877-1207
Fax: 866-494-7923

Section A: **General Information** (Required)

Trust Account Number:	Trust Account Name:	
Participant Name:	Participant Social Security Number:	Participant Daytime Phone: ( ) -
Participant Signature		Date:

Section B: **Change of Address** Complete this section if you choose to amend your address of record.

New Address:	City:	State:	Zip:

If you need to change your state tax withholding due to your address change, please call the number above and request the **Federal and State Withholding Election Form**.

Section C: **Direct Deposit** Complete these sections if you choose to amend how your payment is delivered

C.1 **Direct Deposit Authorization**

☐ Please deposit my benefit in the account indicated. I authorize and direct my financial institution to complete and sign Section C.4 and return this Authorization to the originating financial institution named at the top of this form.

Account Type (check one): ☐ Checking ☐ Savings	Account Number:

Please attach a voided check to this form or have your financial institution complete section C.3.

C.2 Direct Deposit Confirmation Election

Please check one of the options below. You will continue to receive an annual Advice of Activity at year-end. If a choice is not selected, you will automatically receive a Deposit Confirmation only when a change is made to your payment.

☐ I elect to receive a Deposit Confirmation only when a change is made to the payment in addition to my annual deposit notice.

☐ I elect to receive a Deposit Confirmation each time a payment is originated to my financial institution.

☐ I elect NOT to receive Deposit Confirmations.

C.3 Financial Institution Direct Deposit Authorization (Completed by financial institution if no voided check is attached)

As the named depository, we agree to return deposits to or reimburse the originating depository financial institution in the event deposits are received for the described account after the death of the authorized payee.

Financial Institution Name:		
Authorized Signature:	Title:	Date:

Routing Transit Number (Cannot begin with the number 5)

I:										**I:**

C.4 **Direct Deposit Cancellation**

☐ Please discontinue my direct deposit as soon as possible and send my payment via check to my home address. (Please complete the Change of Address Information section to confirm your home address.)

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