



Supplemental & Benefit Trusts

# Direct Deposit Form

In an effort to decrease processing time and to reduce paper usage we would like to send payments to your bank account via direct deposit. Please provide us the following information AND A COPY OF YOUR VOIDED CHECK. If you do not have a voided check, please submit a deposit statement from your bank or a letter from your bank with your account and routing number.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_



Which amounts would you like to have directly deposited into your account?

- Medicare Reimbursements
- Paid Time Off payments
- Both Medicare and Paid Time Off

## Send to:

Email: OHCWT@vimly.com Fax: 1-866-459-4623

Mail: Attn: OHCWT Accounting  
PO Box 6  
Mukilteo, WA 98275

Questions, please call: 1-844-507-7554, Option 3, Option 2

OOE20-001

The benefits of the Homecare Workers Supplemental and Benefit Trusts were negotiated by SEIU Local 503 homecare and personal support workers through their bargaining team.

P.O. BOX 6, MUKILTEO, WASHINGTON 98275 website: orhomecaretrust.org  
Trust Administration: 844-507-7554 fax: 866-459-4623 email: OHCWT@vimly.com

