Hanford Employee Welfare Trust (HEWT)

DIRECT DEPOSIT CANCELLATION FORM

Retiree Name:	Payroll Number:	Social Security Number:

This form can be used to notify Hanford Mission Integration Solutions (HMIS) that all future retirement benefit payments should be paid directly to you, canceling your previous direct deposit arrangement.

INSTRUCTIONS:

Please discontinue direct deposit of my pension benefit payable to me and send the benefit directly to me at the address shown below:

Please Print:

Retiree's Mailing Address *(Street, City, State, Zip):*

_____

Retiree Phone: _____ Email Address: _____

Retiree Signature:

_____ _____

Print First and Last Name *Signature / Date*

THIS CANCELLATION WILL REMAIN IN EFFECT UNTIL NOTIFIED IN WRITING.

Please return form to:

HMIS
Attn: Pension Accounting
PO Box 943, H3-08
Richland, WA 99352

Submit by Email

Please keep a copy of the completed form for your records.

OFFICIAL USE ONLY (when filled in)