



Re: Secure benefit options

SAIF Corporation is pleased to offer two secure options to receive your benefit payments. You have a choice of having your payments directly deposited into your bank account or applied to a VISA-branded debit card.

With the direct deposit option, your claim benefit payments are deposited into your bank account, eliminating the mailing of a check. With the debit card option, your benefit payments are applied to the card. You do not need a bank account to use the debit card and this card works similar to any other VISA debit card. The card can be used to make purchases everywhere VISA debit cards are accepted.

Once we receive your completed enrollment form, your first electronic payment may not become effective until after the next scheduled payment. Until that time, your payment will continue to be sent to you in the usual manner.

Both the direct deposit and debit card are voluntary and offered for your convenience. If SAIF does not receive a completed enrollment form, you will continue to receive a check.

If you have any questions, please contact your adjuster at 800.285.8525.

Please ask our operator for assistance if you need an interpreter.

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS (ACH Credits)

Instructions:

- Please print or type all information. Incomplete forms cannot be processed, and will be returned for corrected information.
- Return the completed form to SAIF Corporation, Confidential: Attention Cashiers, 400 High Street S.E., Salem, OR 97312-1000.
- For direct deposit, include a voided check or letter from your bank.
- Please note that the electronic transfer of funds may not become effective until after your next scheduled payment.

PLEASE SELECT AN ELECTRONIC PAYMENT OPTION:

ReliaCard® Visa®

Payments are electronically deposited to U.S. Bank to be applied to a Visa® ReliaCard® reloadable debit card. You do not need to be a customer of U.S. Bank to use this feature.

Direct Deposit

Payments are electronically deposited to the financial institution I have named.

Insurance company information	
Name: SAIF Corporation	Telephone number: 800.285.8525
Address: 400 High Street S.E. Salem, OR 97312-1000	

Payee information Name: Mailing Address: Telephone number: Claim number: Date of birth:	If someone else is handling your financial affairs (e.g. Power of Attorney or Legal Guardian), please provide the following information Name: Mailing Address: Telephone number: Relationship to the payee:
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Required for Visa® Reliacard® only	
Social Security number:	<input type="checkbox"/> I wish to add the individual having Power of Attorney or Legal Guardianship as a secondary authorized signer for my Reliacard® Visa®.

Required for Direct Deposit only															
Financial institution information															
<p>For a CHECKING account: Write VOID on an unused check and attach here.</p> <p>For a SAVINGS account: Contact your bank and obtain written verification of your account and routing numbers. Attach that verification to this form.</p>	<table border="1"> <tr> <td>John and Mary Jones 123 Main Street Anytown, MI 48888</td> <td>1234</td> </tr> <tr> <td>Pay to: _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">VOID</td> </tr> <tr> <td>Anytown Bank Anytown, MI 48888</td> <td>DOLLARS</td> </tr> <tr> <td>For: _____</td> <td>Do Not Complete Shaded Area</td> </tr> <tr> <td colspan="2"> : 072412345 : 0012300456 " " 1234</td> </tr> <tr> <td>Routing Number</td> <td>Account Number</td> </tr> </table>	John and Mary Jones 123 Main Street Anytown, MI 48888	1234	Pay to: _____	\$ _____	VOID		Anytown Bank Anytown, MI 48888	DOLLARS	For: _____	Do Not Complete Shaded Area	: 072412345 : 0012300456 " " 1234		Routing Number	Account Number
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Routing Number	Account Number														
Name of domestic bank: _____															
Nine-digit routing number: _____															
Account number: _____															
Name of person as it appears on the account: _____															
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings (select one)	Personal or business account: <input type="checkbox"/> Personal <input type="checkbox"/> Business (select one)														
<input type="checkbox"/> I have instructed my bank to transfer the entire amount of my direct deposit payment to a financial institution outside the U.S. <input type="checkbox"/> I have not instructed my bank to transfer the entire amount of my direct deposit payment to a financial institution outside the U.S.															

I certify that I am entitled to receive payments for the claim identified above. In signing this form, I authorize SAIF Corporation to send my payments to the financial institution named to be deposited in the designated account through the electronic payment method I have chosen. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. and Oregon law and I agree to be bound by the rules of the ACH network as in effect from time to time, and to the extent the rules are consistent with and enforceable under Oregon law. I have provided the information above under penalty of perjury and represent that it is true and correct as of the date given.

This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notices. My electronic payment authorization may be terminated following a written cancellation request submitted by me in such time and such manner as to afford the Sending Agency a reasonable opportunity to act on it, or at the discretion of SAIF Corporation. SAIF Corporation cannot be held responsible for delays in payment transmittal due to being provided with incorrect enrollment or bank account information.

Signature Telephone number Date

I would like to receive regular email notifications when my payment is scheduled to be deposited. Email address: _____

DIRECT DEPOSIT CHANGES TO FINANCIAL INSTITUTION

If the bank account to which payments from SAIF are to be automatically credited is changed, I understand and agree that I must complete a new authorization with the new bank account number correctly identified. I will retain a record of any change to the bank account number and the new authorization.

SPECIAL NOTE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise SAIF Corporation of the death of a beneficiary. Funds deposited after the date of death or ineligibility are to be returned to SAIF Corporation. SAIF Corporation will then calculate any outstanding benefit amounts due.

HOW TO REVOKE YOUR AUTHORIZATION

The authority will remain in effect until I have cancelled it in writing with SAIF Corporation. Cancellation requests should be mailed to SAIF Corporation, Attention Cashiers, 400 High Street S.E., Salem, OR 97312-1000.