



Long-Term Disability
PO Box 1169, Salt Lake City, UT 84110
800-365-7347 / 801-366-7583

Automatic Clearing House Authorization

I hereby authorize PEHP to deposit my LTD check to my: (check one)

Checking Account

Savings Account

Name of Financial Institution

Account Number*

Routing Number*

* We suggest you contact your financial institution for these numbers, incorrect information will delay your payment.

Your Name (please print legibly)

Your PEHP Member ID Number

Your Signature

Date

Your Phone Number

Mail to "Attention LTD" to the address above or email encrypted to pehp.ltd@pehp.org or fax to 801-366-7321

(If you do not have email encryption, send an email to pehp.ltd@pehp.org requesting a secure email, then attach the form to that secure email.)