FORM NLRB-5575
(3-19)

OFFICE OF THE CHIEF FINANCIAL OFFICER

National Labor Relations Board

Recipient Information Form

PART I - CERTIFICATION

A. GENERAL INFORMATION

Name *(Last, First, Middle)*			Social Security Number/ITIN No.
Address			Case Name MHA, LLC, d/b/a Meadowlands Hospital Medical Center Cases
City	State	Zip Code	Case Number: 22-CA-086823
E-mail			Phone Number

B. RECIPIENT CERTIFICATION

I certify that the above data is current and correct. (For payment by direct deposit you must provide a date-stamped digital signature or print and sign below and also complete Part II)

Printed Name	Signature	Date

PART II - RECEIVING PAYMENT

You will receive a paper check mailed to the address indicated in part 1 unless you elect to receive a direct deposit through Electronic Funds Transfer (EFT) by signing the section below and providing appropriate account documentation.

[Attach voided document here]

ELECTRONIC FUNDS TRANSFER

Please provide a voided check to receive payment by EFT. Please attach the voided check to the left side bar as indicated. If you do not use checks, please attach a bank document pre-printed with your name, account number and the bank's routing number. Deposit slips and documents that state "not for electronic deposit" or "not for electronic funds transfer" are NOT acceptable.

Please provide your date-stamped digital signature OR print and sign below to indicate your preferred method of payment is via EFT.

Deposit to: ☐ Checking Account ☐ Savings Account

Printed Name	Signature

When your claim is processed the direct deposit will be reflected on your bank statement with a reference to NLRB Treas 349.

FOR OFFICE USE ONLY

C. NLRB CERTIFICATION

I certify that the person named above is entitled to reimbursement, pursuant to orders and/or settlement agreement.

NLRB Representative Signature	NLRB Representative Title	Date