

**ELECTRONIC FUNDS TRANSFER (EFT)
AUTHORIZATION AGREEMENT**

Retiree Name: _____

Address: _____

Telephone: _____

REASON FOR SUBMISSION:

Reason for Submission: New EFT Authorization
 Revision to Current Authorization (e.g. account of bank changes)

Provider Name: Palm Beach County Firefighters Employee Benefits Fund

Employer Identification Number: 59-2477751

Administrator: UMR

Contact person: Beth Owens

Telephone Number: 888-999-7741 Fax Number: 859-226-1191

Address: Street Name and Number: 230 Lexington Green Circle, Suite 400

City: Lexington State: KY Zip Code: 40503

E-mail Address: Beth.Owens@umr.com

DEPOSITORY INFORMATION (Financial Institution):

Depository Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Depository Phone Number: _____ (_____)

Depository Contact Person: _____

Depository Routing Transit Number (nine digit): _____

Depositor Account Number: _____

Type of Account (check one): Checking Account Savings Account

Payment Withdrawal: \$ _____ Monthly Annually Semi-Annually

Please include a voided check or deposit slip or confirmation of account information on bank letterhead. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type, and the bank officer's name and signature. This information will be used to verify your account number.

AUTHORIZATION

I, _____, authorize the Palm Beach County Firefighters Employee Benefits Fund to withdraw funds from my bank account to make payments for premiums for medical and dental insurance coverage. This authorization will cover any and all present and future Palm Beach County Firefighters Employee Benefits Fund accounts that are associated with me, and any and all changes in my bank routing/transit number and bank account number, initiated by the bank or me. This authorization is to remain in full force and effect until Palm Beach County Firefighters Employee Benefits Fund receives a written termination notice from me in such time and manner as to afford Palm Beach County Firefighters Employee Benefits Fund and the bank a reasonable time to act on it. All notices by Palm Beach County Firefighters Employee Benefits Fund will be sent to me. Any incorrect charges will be corrected upon notification to Palm Beach County Firefighters Employee Benefits Fund by a credit or debit to my bank account.

A United States bank account is required. I understand that some banks charge for this service.

I understand and agree that should Palm Beach County Firefighters Employee Benefits Fund receive a payment prior to when the withdrawal of funds is scheduled to be initiated, Palm Beach County Firefighters Employee Benefits Fund will still debit my bank account for any balance owed to Palm Beach County Firefighters Employee Benefits Fund, in which case the withdrawal amount may be different from the total amount due.

I swear and affirm that I am the bank account holder for the above listed bank account number.

Name (Print): _____

Signature _____

Date: _____