

Montgomery County Direct Deposit Authorization Form



- STEPS FOR COMPLETING THIS FORM**
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| <ol style="list-style-type: none"> 1. Read Terms and Conditions (pg 2) carefully to make sure you understand them. 2. Fill in all sections below. 3. Attach voided check (not deposit slip). | <ol style="list-style-type: none"> 4. Sign and date form. 5. If this is a joint account, have the other account holder also sign and date the form. 6. Submit completed form to myCafeteriaPlan. |
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PERSONAL INFORMATION

Name: _____ Social Security Number: _____
 Phone: _____ Email: _____

ACCOUNT INFORMATION

Check One:	Account Type	Account Ownership
New Change Cancel	Checking Savings	Self Joint Other
Effective Date: _____		

ATTACH VOIDED CHECK BELOW *(DO NOT attach a Deposit Slip - they do not include the necessary information)*

John Doe
Anywhere, USA

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

Your Town Bank
Anywhere, USA

For _____

Signature _____

VOID

AUTHORIZATION

I certify that I have read and understand the Terms and Conditions on the following page. By signing this agreement, I authorize myCafeteriaPlan and my Employer to initiate credit and, if necessary, adjustment entries to my account indicated above. If any credit entries are made in error, I understand myCafeteriaPlan or my Employer will notify me prior to any adjustment entries being processed from my account.

Signature _____
Date

If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

Signature _____
Date

Mail your completed form to myCafeteriaPlan at: 432 E. Pearl St., Miamisburg, OH 45342 or fax to: 937.865.6502

**TERMS AND CONDITIONS FOR PARTICIPATING IN THE
DIRECT DEPOSIT PROGRAM FOR REIMBURSEMENT ACCOUNTS**

You have the option of (1) having your authorized reimbursements for your Reimbursement Account deposited directly into your account at your financial institution or (2) receiving a check for any authorized reimbursements. If you choose to participate in this Direct Deposit Program, you will need to complete the Authorization Form and return it to myCafeteriaPlan. Please read the following terms and conditions for participation carefully before making your decision.

1. Your financial institution must be a member of an Automated Clearing House before you can participate in any direct deposit program. Call your bank to make sure they will accept direct deposits.
2. This form must be signed and dated and returned to your Human Resource Department before you can participate in this program. **If you have a joint account, the form must be signed by both parties.**
3. Once the form is received by myCafeteriaPlan, **there may be a delay of up to four weeks before the reimbursements begin being deposited** directly into your account. You will receive checks for any reimbursements before that time.
4. You will be notified when an electronic transfer is made to your account in a manner set by your employer. The standard turnaround time from the time the funds are transferred and when they are deposited into your account is two banking days. **Be sure the deposit has been made before you withdraw the funds.**
5. **If an electronic transfer is returned** to myCafeteriaPlan or cannot be made to your account, myCafeteriaPlan will investigate the cause. If the situation cannot be resolved quickly, a reimbursement check will be mailed to you. You will continue to receive your reimbursements by check until the situation is resolved. You will be notified of any action taken.
6. **It is your responsibility to notify myCafeteriaPlan of any changes to your account immediately.** Complete this form, indicating that the action is a CHANGE, and return it to your Human Resource Dept. Once received, there may be a delay of up to four weeks before the new information will be processed. You will receive checks for any reimbursements during this time.
7. **You may cancel your participation in the Direct Deposit Program at any time.** To cancel participation, complete this form, indicating the action is a CANCEL, and return it to your Human Resource Dept. Your participation will be canceled as of the effective date on the form or as soon as the form is received and processed, whichever one is later.
8. This agreement may be canceled by your financial institution or myCafeteriaPlan. **Your participation will be canceled automatically if your employment is terminated or if you terminate participation in the myCafeteriaPlan account.**
9. **You do not have to submit a new form for a new plan year if you re-enroll in the myCafeteriaPlan account.** Your participation will continue from plan year to plan year until you terminate your participation or do not re-enroll in the myCafeteriaPlan account.

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