

MEBA Medical and Benefits Plan

Authorization for Direct Debit of Pensioner Medical Contributions

I authorize the MEBA Medical and Benefits Plan and the designated Bank to automatically deduct my Pensioner medical payment, as determined under the MEBA Medical and Benefits Plan, from my bank account each month. If funds to which MEBA Medical and Benefits Plan is not entitled are withdrawn from my account, I authorize the Bank to direct the MEBA Medical and Benefits Plan to return said funds. This authority will remain in effect until I cancel it in writing.

I understand that the MEBA Medical and Benefits Plan will require periodic verification of my signature. I will cooperate fully in meeting these requirements.

If this is a joint or tenant in common account with any other person including but not limited to my spouse, I and any other such signatory agree to hold harmless, release, waive and forever discharge the MEBA Medical and Benefits Plan with respect to any use, alienation or hypothecation by such other person, of funds withdrawn by the MEBA Medical and Benefits Plan. I and any other such signatory further agree and recognize that the direct debit from my account payable to the MEBA Medical and Benefits Plan confers no rights or privileges either contractual or by operation of law to any joint account holder or tenant in common in such account and such other signatory further agrees to the immediate notification to the MEBA Medical and Benefits Plan and termination of such direct debit upon my death.

I will notify the MEBA Medical and Benefits Plan Administrator of any changes to my account.

Social Security #: - - Date of Birth: - -

First Name & M.I.: Last Name:

Street Address: Apt. No.:

City: State: Zip: -

Daytime Phone: - - Evening Phone: - -

Your Signature: _____ Date: - -

Joint Account Holder's Name:

Joint Account Holder's Signature: _____ Date: - -

Bank Name:

Type of Account: Checking Savings

Name on Account:

Account Number:

Transit Routing Number:

YOU MUST INCLUDE A COPY OF A VOIDED CHECK

Please return this form to:

**Direct Debit Program
MEBA Medical and Benefits Plan
1007 Eastern Avenue
Baltimore, Maryland 21202**