

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 If funds to which MEBA Medical and Benefits Plan is not entitled are withdrawn from my account, I authorize the Bank to direct the MEBA Medical and Benefits Plan to return said funds.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the MEBA Medical and Benefits Plan with respect to any use, alienation or hypothecation by such other person, of funds withdrawn by the MEBA Medical and Benefits Plan.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 code _____

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 Ave.
Baltimore, MD 21202-4345**