Schedule E

DIRECT DEPOSIT AUTHORIZATION FORM

Trust Name: Miami Association of Firefighters Health Benefit Trust

Reimbursement Account
Direct Deposit Authorization Form

STEPS FOR COMPLETING THIS FORM

1. **Read Terms and Conditions (on back) carefully to make sure you understand them.**
2. **Fill in all boxes below.**
3. **Attach voided check (not deposit slip).**
4. **Sign and date form.**
5. **If the account is not in your name alone, have the other account holder also sign and date form.**
6. **Mail to address on bottom of page.**

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **MI** ☐ **First Name** ☐☐☐☐☐☐☐☐☐☐☐☐

Social Security Number ☐☐☐—☐☐—☐☐☐☐ **Work Phone** ☐☐☐—☐☐☐—☐☐☐☐

Check Action ☐ New ☐ Change ☐ Cancel

Effective Date ☐☐—☐☐—☐☐☐☐ Month Day Year

Acct. Type ☐ **Checking** ☐ **Savings**

Ownership of Account ☐ **Self** ☐ **Joint** ☐ **Other**

----------ATTACH A VOIDED CHECK HERE. ----------

DO NOT attach a Deposit Slip because deposit slips do not show the necessary information.

Joan Doe
Anywhere, USA

PAY TO THE ORDER OF _____ $ ____

_____ DOLLARS

YOUR TOWN BANK
YOUR TOWN, AR 123456

FOR_____ VOID

⑆25550005⑆ 1234556789022⑈

By signing this agreement, I authorize PSP to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

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: _____

Fax, email or Mail Form to:

Diversified Administration, Inc.
6161 Washington Street
Hollywood, Fl. 33023
Fax: 954-983-9695
Email: claims@div125.com