

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 _____
%25550005% 123456789022†
VOID

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