

**California Teachers Association
Employees' Health & Welfare Benefits**
2250 S Rancho Road, Suite 295 ♦ Las Vegas NV 89102-4454 ♦ (888) 243-2325

**MEDICARE PART B REIMBURSEMENT
DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize California Teachers Association Employees' Health & Welfare Benefits to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below, in the financial institution shown below. I further authorize the financial institution named to credit and/or debit such account. I understand that this authorization remains in effect until the Trust Fund receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford the Trust Fund and my financial institution a reasonable time to act on it.

Participant Information

Participant Name (please print)	XXX-XX-X Social Security Number	
Mailing Address	Email	
City	State ZIP - Z+4	Telephone Number

Account Information

Account Number: _____ Checking Savings

Transit / ABA (Routing) Number	Name of Financial Institution
Financial Institution's Street Address:	

Participant Authorization

I certify that the above information is correct:

x Signature of Participant	Date
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