

Montgomery County Direct Deposit Authorization Form



1. Read Terms and Conditions (pg 2) carefully to make sure you understand them.
2. Fill in all sections below.
3. Attach voided check (not deposit slip).

STEPS FOR COMPLETING THIS FORM

4. Sign and date form.
5. If this is a joint account, have the other account holder also sign and date the form.
6. Submit completed form to myCafeteriaPlan.

PERSONAL INFORMATION

Name: _____ Social Security Number: _____
 Phone: _____ Email: _____

ACCOUNT INFORMATION

Check One: New Change Cancel

Account Type: Checking Savings

Account Ownership: Self Joint Other

Effective Date: _____

ATTACH VOIDED CHECK BELOW *(DO NOT attach a Deposit Slip - they do not include the necessary information)*

John Doe
Anywhere, USA

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

Your Town Bank
Anywhere, USA

For _____

Signature _____

VOID

AUTHORIZATION

I certify that I have read and understand the Terms and Conditions on the following page. By signing this agreement, I authorize myCafeteriaPlan and my Employer to initiate credit and, if necessary, adjustment entries to my account indicated above. If any credit entries are made in error, I understand myCafeteriaPlan or my Employer will notify me prior to any adjustment entries being processed from my account.

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

Mail your completed form to myCafeteriaPlan at: 432 E. Pearl St., Miamisburg, OH 45342 or fax to: 937.865.6502