

# EFT Direct Deposit Authorization

(PLEASE PRINT LEGIBLY OR TYPE)

Plan Name: \_\_\_\_\_ (“Benefit Fund”)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I authorize the **Benefit Fund** and the Resource Centers LLC to initiate Direct Deposits (credit entries) to my financial institution account indicated below. This authorization will remain in full force and effect until I notify the Benefit Fund in writing to change or cancel the authorization. Any changes to this authorization must be received by the Benefit Fund no later than the 12<sup>th</sup> of the month to take effect on the 1<sup>st</sup> of the following month. All new account information will be pre-noted before the change will take effect; therefore, you may receive a paper check for one month before the new account information is verified and processed. I have verified my address on file to avoid any delay in processing reimbursements. I have also attached a VOID check for the deposit account (**Starter checks are not acceptable**).

I authorize the **Benefit Fund** and the Resource Centers LLC to recover money deposited electronically in my account in error, either by adjusting the account or withholding any future payments. I understand that I will be notified by the **Benefit Fund** before adjustments are made. I have notified any joint account holder(s) of the obligation to repay any overpayment to this account after my death if the overpayment is not repaid by the financial institution.

## A. CHECKING:

Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Routing/ABA No: \_\_\_\_\_ Account No: \_\_\_\_\_

## B. SAVINGS:

Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Routing/ABA No: \_\_\_\_\_ Account No: \_\_\_\_\_

PLAN ADMINISTRATOR: THE RESOURCE CENTERS, LLC

4360 Northlake Boulevard, Suite 206 ❖ Palm Beach Gardens, FL 33410 ❖ Phone: (800) 206-0116

**Please Attach a "VOID" Check or Letter from Your Financial Institution or Account**

**Requests will not be processed without a VOID check or a letter from the financial institution or bank. The check or typed confirmation from the financial institution MUST have the following information: checking or savings account number, bank routing number, and the account owner(s) name. Starter checks are not acceptable.**

\_\_\_\_\_  
(Member Signature - *MUST BE SIGNED IN PRESENCE OF A NOTARY*)

\_\_\_\_\_  
(Date)

STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, appeared before me \_\_\_\_\_ by means of  physical presence  
 online notarization and who is  personally known to me or  has produced \_\_\_\_\_ as identification,  
and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing  
document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
At Large

My Commission Expires:

My Commission Number Is:

**Return Completed Form to:**

West Palm Beach PBA Retiree Health Benefit Fund  
c/o Resource Centers, LLC  
4360 Northlake Boulevard Suite 206  
Palm Beach Gardens, FL 33410  
Fax: 561-624-3278 Email: [ClientServices@ResourceCenters.com](mailto:ClientServices@ResourceCenters.com)