



# Montebello Teachers Association Retiree Supplemental Health Plan

3530 Camino Del Rio North \* Suite 110 \* San Diego, CA 92108 \* 800-886-7559

## BANK AUTHORIZATION FORM

(Please Print)

Date: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number (Last 4): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*\*\*\*\*

I elect the following institution (Please fill out below)

Name of Bank: \_\_\_\_\_

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

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Type of Account:       Checking\*\*     Savings

\*\*Please submit a voided check with your completed form if checking account.

I HEREBY AUTHORIZE MTA RETIREE SUPPLEMENTAL HEALTH PLAN TO DEPOSIT A REIMBURSEMENT FOR OUT-OF-POCKET HEALTH COSTS TO THE ACCOUNT DESIGNATED ABOVE.

Check all that apply:

\_\_\_\_ CalPERS Health Premium    \_\_\_\_ Out-Of-Pocket Health Reimbursement

Signature: \_\_\_\_\_

Please submit your completed form to the MTA Retiree Supplemental Health Plan  
3530 Camino Del Rio North, Suite 110  
San Diego, CA 92108  
Phone (800) 886-7559  
Fax (619) 501-3250  
mtarshp@coastbenefits.com