

Effective Date: _____

REASON FOR EFT:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> New Retiree | <input type="checkbox"/> Medical |
| <input type="checkbox"/> COBRA Expiration | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Sick Leave Expiration | <input type="checkbox"/> Vision |



INDIVIDUAL ELECTRONIC FUNDS TRANSFER (EFT)

Group Name: County of San Mateo

Customer Number: CSM

Customer Name: _____

Social Security Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Select this box to authorize an **Invoice/Premium EFT Payment**

Name of Financial Institution: _____

Bank Routing Number: _____

Account Number: _____

Account Name: _____

Checking Account

Savings Account

If Electronic Debit Authorization (EDA) is required, instruct financial institution to set the authorization as:

Bank Filter *Submitting Bank (ODFI):* **Dollar Bank**

Company Name (Acct Name): **Benefit Coordinators Corp.**

Contract Number: **2251453488**

--- Attach Check Here ---

Please attach a voided check and return this form to:

San Mateo County, Benefits Department
455 County Center, 5th Floor
Redwood City, CA 94063

TERMS: This authority is to remain in full force and effect in conjunction with the Agreement until BCC and the financial institution have received written notification of its termination in such time and in such manner as to afford BCC and the financial institution a reasonable time to act accordingly. In the event that my electronic debit or transfer is returned, I agree that a \$25 returned-item fee will be charged automatically to my account.

Signature _____

Date _____

Print Name _____

Phone Number _____