



The Management Benefits Fund
 Health & Fitness Claims Reimbursement Direct Deposit
 Enrollment/Change/Cancellation Form For Retirees Only

nyc.gov/mbf



Please Print Black Ink Preferred.

TYPE OF ACTION (CHECK ALL THAT APPLY)

- Initial Enrollment Change of Account Number Change of Account Type
 Change of Name on Account Change of ABA Number Cancellation

PARTICIPANT INFORMATION (ALL SECTIONS MUST BE COMPLETED)

SOCIAL SECURITY NUMBER		HOME PHONE NUMBER	MOBILE PHONE NUMBER	
LAST NAME			FIRST NAME	MI.
HOME ADDRESS - NUMBER AND STREET				APT. NO.
CITY			STATE	ZIP + FOUR

INITIAL ENROLLMENT/CHANGE

Account type (CHECK ONLY ONE) Person(s) named on account (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER) - Must attach a voided check or most recent savings statement.

Checking **1)**

Savings **2)**

ABA NUMBER* ACCOUNT NUMBER**

*ABA NUMBER: CHECKING ACCOUNT - THE ABA NUMBER IS THE FIRST NINE (9) NUMBERS PRIOR TO THE ACCOUNT NUMBER AT THE BOTTOM LEFT CORNER OF THE CHECK. SAVINGS ACCOUNT - CONTACT YOUR BANK FOR THE ABA NUMBER, IF NOT KNOWN.
 **ACCOUNT NUMBER: SEE CHECK, PASSBOOK, OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER.

RETIREE AUTHORIZATION - If you are unable to sign the form or import your electronic signature, the form will be accepted by typing your name in the signature field.

I hereby authorize the Management Benefits Fund to deposit my Health and Fitness reimbursement directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, the Management Benefits Fund can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to the Management Benefits Fund a written cancellation to terminate the service. I will notify the Management Benefits Fund if my bank account numbers listed above should change.

Retiree Signature _____ Date _____

CANCELLATION - If you are unable to sign the form or import your electronic signature, the form will be accepted by typing your name in the signature field.

I hereby authorize the Management Benefits Fund to cancel my direct deposit agreement.

Retiree Signature _____ Date _____

Return completed form to the below secure e-mail box:

<https://asonet.com/emailMBF.aspx>

Please retain a copy for your records.

DO NOT WRITE IN THIS AREA

DATABASE		AGENCY PAYROLL CODE	
INITIAL	DATE		
MBF	/ /		