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AUTOMATIC DEPOSIT AUTHORIZATION

**P L E A S E
R E A D**

Your monthly benefit reimbursement can be credited automatically deposited to the account of your choice, provided the institution is a member of the Automated Clearing House.

To begin the automatic reimbursement deposit service, simply fill out the attached authorization form and return the completed form to Santa Monica City Employees Coalition Benefit Trust with a voided check or deposit slip.

**PARTICIPANT
INFORMATION**

Name		
Trust Santa Monica City Employees Coalition Benefit Trust		
Home Phone No.	Cellular No.	E-mail

**BANK
INFORMATION**

NOTE: Your financial institution must be a member of the Automatic Clearing House (ACH). Call your financial institution if you are unsure.	
For deposits to your <u>CHECKING ACCOUNT</u> – attach a voided check which includes your financial institution’s ACH automatic deposit routing number and complete the following.	
Financial Institution Name	
Branch Name	Branch No.
Checking Account No.	Checking Routing No.
For deposits to your <u>SAVINGS ACCOUNT</u> – attach your deposit slip which includes your financial institution routing number and complete the following.	
Financial Institution Name	
Branch Name	Branch No.
Savings Account No.	Savings Routing No.

AUTHORIZATION

I authorize Santa Monica City Employees Coalition Benefit Trust (Trust) to initiate credit entries (deposit) and/or debit entries and adjustments to correct any previous credit which may have been posted in error to my account. This authorization is to remain in full effect until I notify the Trust in writing to cancel this authorization, allowing the Trust a reasonable opportunity to act upon it.

PLEASE PRINT CLEARLY
Name:
Signature:
Date: