

MONTEBELLO TEACHERS ASSOCIATION RETIREE SUPPLEMENTAL HEALTH PLAN

CONTRIBUTION DEDUCTION AUTHORIZATION FORM

(Please Print)

Date: _____

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____ Email Address: _____

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.

I HEREBY AUTHORIZE THE DEBITING OF MY MONTHLY HEALTH CONTRIBUTION FROM THE ACCOUNT DESIGNATED ABOVE.

I acknowledge that this rate is the current contribution rate and that this rate is subject to change. I authorize US Bank to adjust the rate automatically to maintain my participation in the MTA Trust. This authorization will remain in effect until I file a written notice of cancellation with Coast Benefits, the Plan administrator.

Signature: _____

Please submit your completed form to the MTA Retiree Supplemental Health Plan
3444 Camino Del Rio North, Suite 101
San Diego, CA 92108