

MONTEBELLO TEACHERS ASSOCIATION RETIREE SUPPLEMENTAL HEALTH PLAN

PREMIUM REIMBURSEMENT 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 US BANK TO DEPOSIT A PREMIUM REIMBURSEMENT DIRECTLY TO THE ACCOUNT DESIGNATED ABOVE.

Signature: _____

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

