



MEBA Vacation Plan
Vacation and Port Relief Benefits

AUTHORIZATION FOR DIRECT DEPOSIT OF VACATION AND PORT RELIEF BENEFITS

I, the Participant, authorize the MEBA Vacation Plan and the designated bank to automatically deposit my Vacation or Port Relief Benefit to my bank account. This authority will remain in effect until I have cancelled it in writing to the MEBA Vacation Plan.

I understand that the MEBA Vacation Plan will require periodic verification of my signature. I will cooperate fully in meeting these requirements.

If the designated bank account is a joint or tenant in common account with any other person including but not limited to my spouse, the Participant and any other such signatory agree to hold harmless, release, waive and forever discharge the MEBA Vacation Plan with respect to any use, alienation or hypothecation by such other person, of funds deposited by the MEBA Vacation Plan. The Participant and any other such signatory further agree and recognize that the direct deposit of the Participant's Vacation or Port Relief Benefit to the designated account confers no rights or privileges either contractual or by operation of law to any joint account holder or tenant in common in such account and such other signatory further agrees to the immediate notification to the MEBA Vacation Plan and termination of such direct deposit on the death of the Participant.

Name: _____ Social Security Number: _____
PLEASE PRINT

Address: _____
Number Street Apt/Unit City State/Country Zip Code

Telephone Numbers: _____
Home Phone Cell Phone

Signature: _____ Date: _____

Joint Account Holder's Name (if applicable): _____ Social Security Number: _____
PLEASE PRINT

Joint Signature (if applicable): _____ Date: _____

BANK INFORMATION

The MEBA Vacation Plan will verify your account information with the Bank for new accounts and changes to existing accounts. This process will take 30 days to complete.

Bank Name: _____
PLEASE PRINT

Bank Address: _____
Number Street Apt/Unit City State/Country Zip Code

Bank Telephone Number: _____

Account Name: _____ Type of Account: _____ Checking _____ Savings

Account Number: _____ Transit Routing Number: _____

Name(s) on Account: _____

CHECKING ACCOUNT: ATTACH A VOIDED CHECK

SAVINGS ACCOUNT: ATTACH A DEPOSIT SLIP

VERIFY WITH YOUR BANK THAT THE ROUTING NUMBER FOR THE DIRECT DEPOSIT, AS IT APPEARS ON THE CHECK OR DEPOSIT SLIP, IS VALID FOR DIRECT-DEPOSIT TRANSACTIONS.

PLEASE ALLOW 30 DAYS FOR PROCESSING

Please return this form to: MEMBER SERVICES
Vacation Direct Deposit Program
MEBA Medical and Benefits Plan
1007 Eastern Avenue
Baltimore, MD 21202

Direct inquires to: MEBA VACATION PLAN
(800) 811-6322
vacation@mebaplans.org