MICHIGAN CATHOLIC CONFERENCE

# Short Term Disability Plan Authorization Agreement for Electronic Funds Transfer

**Personal Information** *All sections to be completed in full unless otherwise indicated.*

| Full name *First, middle, and last* | SSN *###-##-####* |
|---|---|
| Address *Street address or PO box, city, state, and zip code* | Phone *(###) ###-####* |
| Email | |

**Emergency Contact**

| Full name *First, middle, and last* | Phone *(###) ###-####* |
|---|---|

**Bank or Financial Institution Information**

**Please note:** MCC is required to verify the information below with your bank or financial institution. If any information is incorrect, the electronic deposit of your check may be delayed. In that instance, a check will be mailed to your home address until your banking information has been correctly verified.

| Bank or financial institution name | Bank or financial institution phone *(###) ###-####* |
|---|---|

| Routing number *#########* | Account number | Type of account: ☐ Checking ☐ Savings |
|---|---|---|

**Note:** If this is a checking account, please attach a voided check here.

**Signature** *You must sign and date this form for it to be valid.*

☐ I hereby authorize Michigan Catholic Conference (MCC) to deposit my Short Term Disability Plan (Plan) check in the bank account identified above. I understand this will remain in effect until written notice of termination is given to MCC.

If any deposits are made to my account subsequent to my death to which I am not entitled under the terms of the Plan, I hereby authorize and direct the Bank on behalf of my estate, my heirs, and my beneficiaries to refund said deposits to the Plan and to charge the same to my account. I further authorize the Bank to accept a written determination from a representative of MCC that I was not entitled to any such deposits made to my account subsequent to my death.

| Signature | Date *MM/DD/YYYY* |
|---|---|

**Please return completed form by fax to (517) 316-3690 or by mail to:**
Michigan Catholic Conference
Attention Benefits Department
510 South Capitol Avenue
Lansing, Michigan 48933



**Questions? Please contact Michigan Catholic Conference by phone at (800) 395-5565, fax to (517) 316-3690, or mail to 510 South Capitol Avenue, Lansing, Michigan 48933.**
Visit us on the web at micatholic.org