TML Intergovernmental Employee Benefits Pool

TML IEBP DIRECT DEPOSIT AUTHORIZATION AGREEMENT

As a service of TML Intergovernmental Employee Benefits Pool (TML IEBP), we are offering you the opportunity to have the following claim payments deposited via electronic *'direct deposit'* into your bank account:

Flexible Spending Account (Section 125)
Health Savings Account (HSA)
Health Reimbursement Account (HRA)

When you agree to allow an automatic funds transfer *(direct deposit)* into your bank account, the permission to do so will remain in effect until you notify TML IEBP that you are removing that permission.

If you are interested in taking advantage of this opportunity, please complete and return this form with a voided check and mail to:

TML IEBP
Accounting
P. O. Box 140526
Austin, TX 78714-0526

If you have any questions regarding this form, please contact Kathie Miller at 1-800-348-7879.

Please Print
As a duly authorized signatory of the account number listed below I, the undersigned, authorize TML IEBP to initiate credit entries through Chase Bank – Austin or other transaction facilitating entities to my account, as indicated below and located at the contracted depository named below.

Bank Name: _____

Type of Account: ☐ Checking ☐ Savings

Attach a voided check for the account or provide the following:

Account Number: _____

ABA (Bank) Routing Number: _____
(9 characters, normally located on bottom of check next to Account Number)

This authority is to remain in full force and effect until TML IEBP has received written notification from an authorized signatory of the account in such a time and in such a manner as to afford the TML IEBP reasonable opportunity to act upon said notification.

Employee Name:	Employee Unique Identification Number:
Employer Name:	Employer Group Number:

Signature: _____ Date: _____

Phone Number: (_____)_____