



The Management Benefits Fund
Health & Fitness Claims Reimbursement Direct Deposit
Enrollment/Change/Cancellation Form For Retirees Only
nyc.gov/mbf



Please Print Black Ink Preferred.

TYPE OF ACTION (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> Initial Enrollment | <input type="checkbox"/> Change of Account Number | <input type="checkbox"/> Change of Account Type |
| <input type="checkbox"/> Change of Name on Account | <input type="checkbox"/> Change of ABA Number | <input type="checkbox"/> Cancellation |

PARTICIPANT INFORMATION (ALL SECTIONS MUST BE COMPLETED)

LAST FOUR OF SOCIAL SECURITY NUMBER		HOME PHONE NUMBER		MOBILE PHONE NUMBER			
LAST NAME				FIRST NAME			MI.
HOME ADDRESS - NUMBER AND STREET							APT. NO.
CITY							STATE
							ZIP + FOUR
							+

INITIAL ENROLLMENT/CHANGE

Account type (CHECK ONLY ONE)	Person(s) named on account (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER) - Must attach a voided check or most recent savings statement.
<input type="checkbox"/> Checking	1)
<input type="checkbox"/> Savings	2)
ABA NUMBER*	ACCOUNT NUMBER**

***ABA NUMBER:** CHECKING ACCOUNT - THE ABA NUMBER IS THE FIRST NINE (9) NUMBERS PRIOR TO THE ACCOUNT NUMBER AT THE BOTTOM LEFT CORNER OF THE CHECK.
SAVINGS ACCOUNT - CONTACT YOUR BANK FOR THE ABA NUMBER, IF NOT KNOWN.

****ACCOUNT NUMBER:** SEE CHECK, PASSBOOK, OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER.

RETIREE AUTHORIZATION - If you are unable to sign the form or import your electronic signature, the form will be accepted by typing your name in the signature field.

I hereby authorize the Management Benefits Fund to deposit my Health and Fitness reimbursement directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, the Management Benefits Fund can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to the Management Benefits Fund a written cancellation to terminate the service. I will notify the Management Benefits Fund if my bank account numbers listed above should change.

Retiree Signature _____ Date / /

CANCELLATION - If you are unable to sign the form or import your electronic signature, the form will be accepted by typing your name in the signature field.

I hereby authorize the Management Benefits Fund to cancel my direct deposit agreement.

Retiree Signature _____ Date / /

Return completed form to the below secure e-mail box:

<https://asonet.com/emailMBF.aspx>

Please retain a copy for your records.

DO NOT WRITE IN THIS AREA

DATABASE											
INITIAL		DATE						AGENCY PAYROLL CODE			
MBF					/		/				