



MICHIGAN CATHOLIC CONFERENCE

Short Term Disability Authorization Agreement Electronic Funds Transfer Electronic Funds Transfer

I hereby authorize the Michigan Catholic Conference (MCC) to deposit my short-term disability check in the bank account identified below and will remain in effect until written notice of termination is given to the 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 the Michigan Catholic Conference that I was not entitled to any such deposits made to my account subsequent to my death.

*Please contact your banking institution to verify the account number and routing/transit number before returning this form to the MCC along with a **VOIDED CHECK**.*

Name of Bank/Depository Financial _____

Institution: Bank's Routing and Transit Number: _____

Account Number: _____

Type of Account: Checking
 Savings

() _____ - _____
Bank's Telephone Number

Name of Applicant

_____-_____-_____
Social Security Number

Email

Street Address

City

State

Zip Code

Contact Person (In Case of Emergency)

() _____

Signature of Applicant

Date

() _____
Telephone Number

Please Note: The MCC is required to verify the above information with your bank. 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 banking information is correctly verified with your bank. If you have any questions, please contact the MCC at 1-800-395-5565. Please mail this form to the MCC at: 510 South Capitol Avenue, Lansing, MI 48933, or fax to (517) 319-3690, Attn: Benefit Coordinator.