



ORANGE COUNTY OPEB HEALTH INSURANCE DIRECT DEPOSIT

Direct Deposit Information for Health Insurance Subsidy

Congratulations on your retirement and eligibility to receive your Health Insurance Subsidy from Orange County!

Once approved, your payment for your Health Insurance Subsidy (HIS) from Orange County will automatically be paid to you via direct deposit into the same account that you were receiving payments as an active employee.

What if my account is no longer active or I wish to use a different account?

If that account is no longer active or you wish to use a different account you will need to complete a new Electronic Payment Authorization form and return it to the Finance Department.

You can find the Electronic Payment Authorization form on Page 2 of this document. Once you have completed the form you will need to print it out and physically sign the form. You will then need to mail the original form completed to the Orange County Comptroller. **Please note that faxes, emails or copies of the form will not be accepted.**

Orange County Comptroller
Vendor Team
PO Box 38
Orlando, FL 32802-0038

Who can I call with questions about my subsidy payment?

If you have any questions about your subsidy payment, please call the Orange County Finance Department at (407) 836-5715.

**Orange County Board of County Commissioners
Electronic Payment Authorization for Vendors
Orange County Comptroller - Chief Financial Officer**

Please complete this form and return to:

Orange County Comptroller
Vendor Team
PO Box 38
Orlando, FL 32802-0038
407-836-5715

PAYEE INFORMATION:

| | |
|----------------------|--------------------------|
| Vendor Name | |
| Address | |
| Contact Person | Phone Number |
| Last 4 of SSN | Email Address (required) |

EFT FINANCIAL INSTITUTION INFORMATION:

| | | |
|--|----------|---------|
| Bank's ABA (routing number) | | |
| Bank Account Number | | |
| Bank Account Type: | Checking | Savings |
| Name on Account | | |
| Name and complete address of Bank or Financial Institution | | |
| Bank Phone Number: | | |

I authorize these payment instructions, and agree to the terms and conditions for Electronic Funds Transfer payments listed below:

Printed Name

Signature/Title _____ Date _____

For OC Comptroller Use Only

Vendor Code: _____

Entered in System by: _____ Verified by: _____

01-PPD _____ (Individual Acct) Type of Account: 02-CCD+ _____ (Business Acct)

This form is for vendors who wish to receive payments by electronic funds.

- It is mandatory that the address and phone number for your bank or financial institution be included.
- The accuracy of the information provided regarding your financial institution's routing number and your account number is critical to ensure that funds are routed correctly.
- Please provide the email address for receipt of the EFT remittance notification. An email will be sent on the day the direct deposit is sent to your bank.

TERMS AND CONDITIONS

This authorization will remain in effect until withdrawn in writing with sufficient notice to the Orange County Comptroller's Office (Comptroller) to allow adequate time to effect termination. The Comptroller will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Electronic Payment Authorization form. Changes to the information on this form may only be made by an authorized representative of the Payee and must be made in the form of a complete revised electronic authorization form. Changes to account information or EFT rejects will cause the original authorization to be immediately inactivated.

This form authorizes the Comptroller to initiate credit entries and, if necessary, a reversing entry in accordance with NACHA Rules Article Two, Sections 2.8, 2.9 and 2.10 to correct a credit entry made in error.

In the event of an overpayment, duplicate payment, fraudulent payment or other error, the Payee agrees to return the erroneous payment within ten (10) business days. If the erroneous payment is not returned within ten (10) business days, the Payee shall remit interest on the erroneous payment from the day it receives notification of the error from the Comptroller until the day the funds are returned. The interest shall be paid at the bank prime loan rate published in the Federal Reserve's *Selected Interest Rates (H.15)* report.