



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What if my account is no longer active or I wish to use a different account?

If that account is no longer active or you wish to use a different account you will need to complete a new Electronic Payment Authorization form and return it to the Finance Department.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

Please complete this form and return to:

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

PAYEE INFORMATION:

Name	
Address	
Contact Person	Phone Number
Fax Number	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 _____	Type of Account: 02-CCD+ _____
(Individual Acct)	(Business Acct)

This form is for County Agencies, Employees and Retired Employees 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. Only an authorized representative of the payee may make changes to the information on this form in writing. 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 ii, Sections 2.4 and 2.5 to correct a credit entry made in error. Such entry will not be made without prior notice to the payee. Such reversing entry can be initiated only within five (5) banking days of the deposit effective date.

Please attach a VOIDED check to be used for verification.

Original of this form and the VOIDED check should be forwarded to the address above. FAXES are not acceptable.