MidAmerica
Administrative & Retirement Solutions
P.O. Box 24927 Lakeland, FL 33802
855.329.0095 ♦ Fax 863.577.4460 ♦ www.MyMidamerica.com

Health Reimbursement Arrangement (HRA) Direct Deposit Form

Authorization for Direct Deposit

Your HRA distributions may be deposited directly into your account or joint account with your spouse at your bank or other financial institution. To sign up, please complete this form, and return it to the address listed at the bottom.

Your Employer: City of Hawaiian Gardens

EMPLOYEE INFORMATION:	
Name:	Social Security Number:
Street Address:	
City, State Zip:	
E-mail Address:	Phone Number:

AUTHORIZATION:

I authorize MidAmerica Administrative & Retirement Solutions to deposit my HRA claims directly into my account until I give further written notice to MidAmerica. I understand that it may take up to 72 hours from the time MidAmerica processes my payment for the funds to post to my designated bank account. Also, I grant MidAmerica the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

_____ _____
Your signature Date

Bank Account Information	
Bank Name:	Bank Telephone Number:
Bank Address:	
Account Type: (check one) ___ Checking (Attach voided check)	___ Savings (Attach Bank Verification Letter)

Transit Routing Number

Account Number

Type of transaction (check one):

- ☐ New request for Direct Deposit
- ☐ Change current Direct Deposit information
- ☐ Cancel Direct Deposit

Submit completed form and attachments to:

City of Hawaiian Gardens
Attn: Finance
21815 Pioneer Blvd.
Hawaiian Gardens, CA 90716