



Human Resources Division

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Cocoa, FL 32922
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HumanResources@cocoafl.org

"We are...your HR!"

Authorization Agreement For ACH transfer of Medicare Part B reimbursement

New Change Cancel

I hereby authorize the City of Cocoa to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my (our)

Checking Account or **Savings Account**

as indicated above at the Financial Institution below, hereinafter called "Depository", to credit and/or debit the same to such account.

FINANCIAL INSTITUTION: _____

CITY: _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ CHECKING ACCT # _____
9 positions

TRANSIT/ABA # _____ SAVINGS ACCT # _____
9 positions

This authority is to remain in full force and effect until the City of Cocoa has received written notification from me of its termination in such time and in such manner as to afford the City of Cocoa and the Financial Institution named above a reasonable opportunity to act on it.

Retiree Name: _____

Retiree Signature: _____ Date: _____

Retiree Email: _____

Retiree Phone Number: _____

IF YOU CHANGE YOUR BANK ACCOUNTS, PLEASE NOTIFY THE HUMAN RESOURCES DIVISION IMMEDIATELY.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.