

## Member Authorization of Benefits Payments via Electronic Funds Transfer

This form is for individual members to authorize the initiation of direct deposit of benefits payments via electronic funds transfer (EFT) to a bank account or to change bank account information for an existing authorization. This form is only for individual members;

**Members's name**

	<input type="checkbox"/>	
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First name

M.I.

Last name

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Social Security number

**I authorize** Lifeline Alliance to electronically credit my account and, if necessary, electronically debit my account to correct erroneous credits. I agree that the Automated Clearing House transactions I authorize comply with all applicable law. I understand that the member who is collecting benefits through the Long Term Care Benefits Program (LTCBP) must be named on the bank account provided for direct deposit.

**Banking information**

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Financial institution's name

Account type :  Checking  Savings

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Routing number

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Account number

**With the submission of this form, please provide a voided check from the account listed above that includes the account holder's name.**

I understand that I may revoke this authorization at any time by notifying Lifeline Alliance in writing at Lifeline Alliance 456 A Central Ave, Suite 157 Cederhurst, NY. 11516. Lifeline Alliance requires notice of at least five business days in order to cancel this authorization. In the event I cancel direct deposit of benefits payments, future benefits payments will be made via paper check.

**Signature** (member or legal representative) \_\_\_\_\_

(Required)

**Date Signed** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Required : mm / dd / yy)

Please submit this completed authorization form and a voided check by email to [claims@lifelinealliance.org](mailto:claims@lifelinealliance.org), by fax to 800-984-5524, or by mail to Lifeline Alliance 456 A Central Ave, Suite 157 Cederhurst, NY. 11516