



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***What if my account is no longer active or I wish to use a different account?***

If that account is no longer active or you wish to use a different account you will need to complete a new Electronic Payment Authorization form and return it to the Finance Department.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

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

Please complete this form and return to:

**PAYEE INFORMATION:**

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		
Name on Account		
Bank Account Type:	Checking	Savings
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: _____
Type of Account:	
01-PPD _____ (Individual Acct)	02-CCD+ _____ (Business Acct)

This form is for County Agencies, Employees and Retired Employees who wish to receive payments by electronic funds.

- You must use a blue pen to sign the EFT form. We do not accept digital or copied signatures; it must be an original signature.
- A voided check or a bank letter on the bank's letterhead, along with a W-9 form, must be included and mailed with this completed EFT form.
- The address and phone number of your bank or financial institution must be included on the form.
- Ensure you write the correct routing and account number information on the form.
- Please provide the email address where you want to receive the EFT remittance notification. An email will be sent to that email prior to direct deposits.

If any of the required information is missing or incorrect, your EFT request will be delayed until all required information is provided.

We cannot process any request via phone, fax or email at this time. The completed form and all the required documentation must be mailed to the P.O. Box listed at the top of the form.

**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, 2.5, 2.8, 2.9 and 2.10 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.