



# Electronic Funds Transfer (EFT) Authorization Form (For U.S. Bank Accounts Only)

**New York University**

**Employee Information (Please print or type)**

Last Name	First Name	Middle Initial
Daytime Telephone #	Social Security Number	Group # <b>84542</b>
Bank Name	Bank Account Number	

**EFT Dental Election**

- EFT reimbursement for dental expenses for the New York University Dental plan**  
I authorize MetLife to electronically deposit dental plan reimbursements directly into the bank account listed above. I have attached a voided check for the account to this form.
- Cancel EFT Election**  
I wish to cancel my authorization for MetLife to electronically deposit any dental plan reimbursements. I understand that this cancellation will take effect approximately 10 business days after the request is received by MetLife. After the EFT cancellation is effective, any reimbursements due to me from MetLife will be paid via check.
- Change EFT Election**  
I previously authorized EFT into my bank account for dental plan reimbursements from MetLife. I wish to change the bank account into which future reimbursements will be electronically deposited as designated below. I have attached a voided check for the new account. I understand that this change will be effective approximately 10 business days after the request is received by MetLife.

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Account Number

**Employee Signature**

I hereby authorize my dental plan reimbursement elections above to be processed via Electronic Funds Transfer (EFT) by MetLife. A voided check from my checking account is attached.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Mail authorizations to MetLife, Attn: Resource Fulfillment Team, 12902 E. 51<sup>st</sup> Street, Tulsa, OK 74134-6709*