

US Letter Carriers Mutual Benefit Association
Authorization Agreement for Electronic Fund Transfers
(ACH Credits and Debits)

I hereby authorize the United States Letter Carriers Mutual Benefit Association (the "MBA") to initiate secure electronic fund transfers (ACH) to and from my bank account indicated below as follows:

1. The MBA may initiate **Credit** entries, which deposit money into my designated bank account according to the schedule of benefits and other conditions set forth in my MBA policy(ies); and to reverse any transactions that the MBA may have originated to my account in error. Amount \$_____
2. The MBA may initiate **Debit** entries, which withdraw money from my designated bank account to make premium payments on my MBA policy(ies); and to reverse any transactions that the MBA may have originated to my account in error. Total Amount of all Policies \$_____ (list policies on back of form)

Account Holder's Name(s): _____
(please print)

Bank Account Number: _____

Name of Bank/Financial Institution: _____

Bank Street Address: _____

City: _____ State: _____ Zip: _____

Please enter your bank's routing and/or transit number here, or staple a VOIDED CHECK below*

Routing Number

--	--	--	--	--	--	--	--	--	--

(nine digits)

Account Number

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Please Check One: _____ Checking Account or _____ Savings Account

This electronic fund transfers (ACH) authorization is ongoing and will remain in full force and effect until the MBA has received my written notification of its termination and has had a reasonable opportunity to act upon such notice. I understand that should my bank account information change, I will notify the MBA of the new information immediately in order to ensure ACH debit or credit transactions are accurately processed. Any such notice should be sent to the following address:

United States Letter Carriers Mutual Benefit Association
ATTN: Premium Department
100 Indiana Avenue, N.W., Suite 510
Washington, DC 20001

In the event that any electronic debit(s) should be returned by my financial institution as unpaid due to non-sufficient funds ("NSF"), I hereby authorize the MBA to collect a NSF fee of \$25.00 (or the maximum amount allowed by the state law) per item, by electronic debit from the same account identified above. In addition, your financial institution may charge you a fee for each attempted transfer which will result in NSF.



(over)

MBA Policy Number

Monthly Premium Amount

Please indicate your premium deduction date below. Multiple policies can be deducted, with a single premium payment. Deductions may be withheld between the 1st and the 28th of the month.

Deduct my premium(s) on the _____ of the month.

For accounting purposes, all electronic debits and credits will be reflected on the monthly bank statement that corresponds with the **financial institution account** identified below.

I hereby acknowledge that I understand and agree to the above terms.

SIGNATURE: _____ DATE: _____

Print Name: _____

***DO NOT USE A DEPOSIT SLIP.** Many banks print internal transaction codes instead of their routing and or transit numbers on their deposit slips. Using an invalid routing and/or transit number will prevent your transactions from being directed to the correct bank, resulting in delays in the posting of your payment.

Example

_____	Financial Institution 510 Money St. Anycity, ST 00000	0000
_____		\$ <input type="text"/>
.: xxxxxxxxxx .: 0000 0000		

This is the 9 digit Transit / ABA Bank Routing number.

The account number is usually to the right of the routing number. Some Financial Institutions add the check number between the Routing and Account numbers