## 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 <u>Credit</u> en the schedule of benefits and oth to reverse any transactions that	er conditions set f	orth in r	ny MBA <sub>1</sub>	policy(i	es); and	1			
	2. The MBA may initiate <b>Debit</b> entries, which withdraw money from my designated bank account to 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 Police.							olicie	s \$	
Ассои	nt Holder's Name(s):				(list	policie	es on ba	ack o	f fori	m)
11000	======================================	(ple	ase prin	t)						
Bank A	Account Number:									
Name	of Bank/Financial Institution:									
Bank S	Street Address:									
City:_	S	tate:		Zip:						
Please	enter your bank's routing and/or	transit number her	e, or stap	ole a VOII	DED CH	IECK t	elow*			
Routing Number			Account Number							
	(nine digits)									
Please	Check One:	Checking Account	or		S	avings	Accou	nt		
the Ml	ectronic fund transfers (ACH) at BA has received my written notion such notice. I understand th	fication of its terr	nination	and has l	had a re	asonab	ole opp	ortur	ity t	O

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

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:

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 attemped transfer which will result in NSF.



MBA Policy Number	<b>Monthly Premium Amount</b>
Please indicate your premium deduction date below. Multiple single premium payment. Deductions may be withheld between	±
Deduct my premium(s) on the	_ of the month.
For accounting purposes, all electronic debits and credits will that corresponds with the <b>financial institution account</b> identi	
I hereby acknowledge that I understand and agree to the above	e terms.
SIGNATURE:	DATE:
Print Name:	
*DO NOT USE A DEPOSIT SLIP. Many banks print intern and or <u>transit</u> numbers on their deposit slips. Using an invalid transactions from being directed to the correct bank, resulting	routing and/or transit number will prevent your
Example	
Financial Institution 510 Money St. Anycity, ST 00000	0000
	\$
:: xxxxxxxxx :: 00000 00	000
This is the 9 digit Transit / ABA The account no	umber is usually to the right of the routing

number. Some Financial Institutions add the check number

between the Routing and Account numbers

Bank Routing number.