

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

I hereby authorize the United States Letter Carriers Mutual Benefit Association (the "MBA") to initiate secure electronic fund transfers (ACH) to my bank account indicated below as follows for MBA policy # \_\_\_\_\_.

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.

Account Holder's Name(s): \_\_\_\_\_  
(please print)

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.  
**Please print legibly.**

Routing Number (nine digits)

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Account Number

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Please Check One:  Checking Account or  Savings Account

Please note, depending on your financial institution, it could take up to 5 business days from the date of submission for these funds to be available to you.

**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  
100 Indiana Avenue, N.W., Suite 510  
Washington, DC 20001

MBA Policy Number(s): \_\_\_\_\_

For accounting purposes, all 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: \_\_\_\_\_

Policy Owner's Name: \_\_\_\_\_

Policy Owner's Phone Number: \_\_\_\_\_

**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

The image shows a check form with the following fields and text:

- Financial Institution:** 510 Money St. Anycity, ST 00000
- DATE:** \_\_\_\_\_ 20\_\_\_\_
- PAY TO THE ORDER OF:** \_\_\_\_\_ \$ [ ]
- MEMO:** \_\_\_\_\_
- Routing Number:** ⑆ 2 3 4 5 6 7 8 9 ⑆
- Account Number:** ⑆ 0 0 0 0 ⑆ 2 3 4 5 0 0 0
- DOLLARS:** \_\_\_\_\_

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