



ONE TIME DIRECT DEBIT AUTHORIZATION FORM

By completing and signing this form, I hereby authorize UFCW Local 655 Welfare Fund, to initiate debit entries as indicated and named below to my account at the depository financial institution, hereinafter named FINANCIAL INSTITUTION, and to debit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. and State Law.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidence by my signature below.

Member's Name	Date of Birth	Social Security # or Policy Holder's ID
Address		Member's Phone #

FINANCIAL INSTITUTION (BANK) INFORMATION

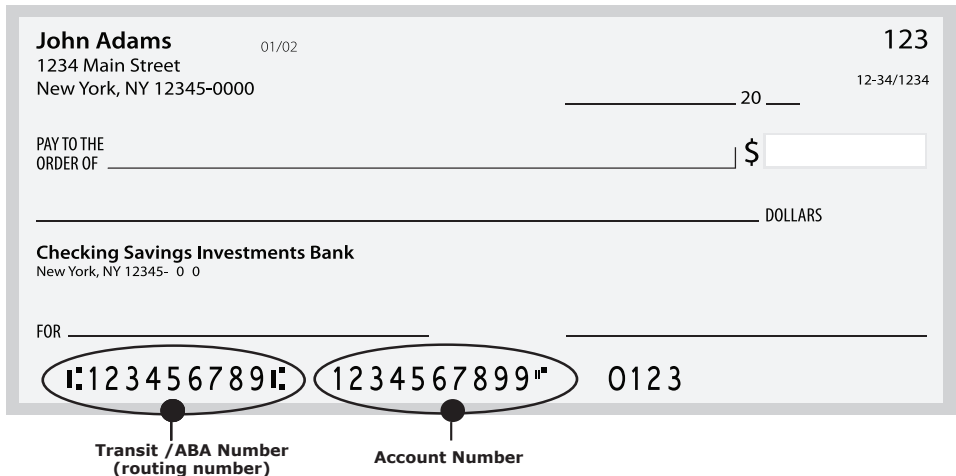
Financial Institution	Account Type (Select One): <input type="radio"/> Checking <input type="radio"/> Savings
Transit/ABA Number (Routing Number)	Account Number

SELF-PAY PAYMENT INFORMATION

Self-Pay Payment Type (Select One): <input type="radio"/> ERIP <input type="radio"/> COBRA	2024 Self-Pay Monthly Rate:	Total One-Time Debit Amount:
Month(s) Payment Should Apply? <input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec		
<p>**You may only authorize payments through the most current month's eligibility. Payments for future months will not be processed, all one-time debits will need to be requested on a month to month basis.</p>		

Please return this form with a voided check to: **UFCW Local 655 Welfare Fund**
300 Weidman Road, Suite A
Ballwin, Missouri 63011

Please note, if you have previously submitted a voided check within the last 12 months and no account changes have been made, you will **not need to submit a new voided check with this form.



This authorization shall remain in force with UFCW Local 655 Welfare Fund for up to 12 months. I understand that UFCW Local 655 Welfare Fund reserves the right to terminate this payment method and my participation in this service at any time.

Member's Signature	Date
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