

EXEC-U-CARE®

Authorization for Electronic Funds Transfer

This form allows Exec-U-Care to withdraw funds from the account indicated below.

Company Name: _____ Employer EIN: _____

Electronic Funds Transfer Contact Name: _____

I hereby authorize Exec-U-Care to initiate variable debit entries on, or around the 10th and 25th of the month to my financial institution listed below:

_____ Checking Account or _____ Savings Account

Please debit my account for: **Exec-U-Care Premiums**

Account Number: _____

Financial Institution: _____

Branch: _____ City: _____ State: _____

Bank Routing Number: _____

Depositor authorizes Exec-U-Care to present automated debits from the above listed account as required to perform their responsibilities related to processing the Depositor's benefit program. This authorization will remain in effect until revoked by the Depositor in writing and until Exec-U-Care actually receives such notice, Depositor agrees that you shall be fully protected in honoring any such ACH transaction. Depositor agrees that your treatment of each such ACH transaction and your rights in respect to it shall be the same as if it were a check signed by Depositor.

Please update your ACH filter on the above account to grant access to Exec-U-Care. The Exec-U-Care identification number is: 9200347001.

Signature: _____ Date: _____

****An actual voided check must be attached****

Staple voided check here

This form will not be processed without a voided check

Fax or mail to:
319-354-5204
Exec-U-Care
PO Box 4540
Iowa City, IA 52244