



○ **UNITED GROUP PROGRAMS, INC**  
 2500 North Military Trail # 450  
 BOCA RATON, FLORIDA 33431  
[dcolson@ugpinc.com](mailto:dcolson@ugpinc.com)

**EMPLOYER**

**ACH PREMIUM WITHDRAWAL AUTHORIZATION AGREEMENT**

- To sign up for EFT, please **TYPE or PRINT** the information requested in **SECTION 1 and 2**. Then sign, date and mail or email it to the address above.
- Please report any account changes to United Group Programs, Inc. (UGP) as soon as possible.

✓ - ONE  
 MONTHLY  ONE-TIME  
**SECTION 1**

A.	TYPE OF TRANSACTION:	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE				
B.	NAME OF COMPANY OR INDIVIDUAL	COUNTY	(AREA CODE) TELEPHONE					
	ADDRESS	CITY	STATE	ZIP CODE				
C.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>						EMAIL ADDRESS	
	TAX ID NUMBER							

**SECTION 2**

A.	FINANCIAL INSTITUTION NAME	(AREA CODE) TELEPHONE		
	ADDRESS	CITY STATE ZIP CODE		
B.	TYPE OF ACCOUNT	SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/>		
C.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			AMOUNT (FOR ONE-TIME PULLS ONLY)
	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>			
	ACCOUNT NUMBER AT ABOVE INSTITUTION			

- For the purpose of paying monthly insurance premiums that can vary due to rate and census changes.
- We hereby authorize UGP to initiate debit entries to our account in the financial institution identified above and also credit entries, if necessary, for any debit entries that are determined to be in error. We additionally authorize the financial institution to debit or credit the same to our account.
- This authority is to remain in effect until revoked by us in writing to United Group Programs, Inc.
- **Please attach a cancelled check or signed letter from your financial institution stating account name, routing # and account #.**

DATE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_