UNITED GROUP PROGRAMS, INC
2500 North Military Trail # 450
BOCA RATON, FLORIDA 33431
jaxel@ugpinc.com

EMPLOYER

MONTHLY ACH PREMIUM WITHDRAWALS 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.
- Any account changes must be reported to United Group Programs, Inc. (UGP) thirty (30) days prior to actual change.

SECTION 1

A. **TYPE OF TRANSACTION:** ☐ **ADD** ☐ **CHANGE** ☐ **DELETE**

B. _____ _____ _____
NAME OF COMPANY OR INDIVIDUAL **COUNTY** **(AREA CODE) TELEPHONE**

_____ _____
ADDRESS **CITY** **STATE** **ZIP CODE**

C. ☐☐☐☐☐☐☐☐☐ _____
TAX ID NUMBER **EMAIL ADDRESS**

SECTION 2

A. _____ _____
FINANCIAL INSTITUTION NAME **(AREA CODE) TELEPHONE**

_____ _____
ADDRESS **CITY** **STATE** **ZIP CODE**

B. **TYPE OF ACCOUNT** **SAVINGS** ☐ **CHECKING** ☐

C. ☐☐☐☐☐☐☐☐☐
TRANSIT ROUTING / ABA NUMBER

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
ACCOUNT NUMBER AT ABOVE INSTITUTION

- For the purpose of paying monthly insurance premiums that can vary due to yearly rate increases.
- 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 for checking accounts or a “spec sheet” from your financial institution for savings accounts.

_____ _____ _____
DATE APPLICANT SIGNATURE PRINTED NAME

Rev. 12/06/2012