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

EMPLOYER

ACH PREMIUM WITHDRAWAL AUTHORIZATION AGREEMENT

- To sign up for EFT, please **TYPE or PRINT** the information requested below. 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.

CHECK ONE

☐ **MONTHLY** ☐ **ONE-TIME**

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**

D.

FINANCIAL INSTITUTION NAME **(AREA CODE) TELEPHONE**

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

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

F.

TRANSIT ROUTING / ABA NUMBER **AMOUNT (FOR ONE-TIME PULLS ONLY)**

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

Rev. 10/02/2017