



**UNITED GROUP PROGRAMS, INC**

2500 North Military Trail # 450

BOCA RATON, FLORIDA 33431

[ugp@ugpinc.com](mailto:ugp@ugpinc.com)

**AUTHORIZATION AGREEMENT  
FOR A ONE TIME ACH PREMIUM WITHDRAWAL**

- 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. 

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      \_\_\_\_\_  
 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. 

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 TRANSIT ROUTING / ABA NUMBER      AMOUNT

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 ACCOUNT NUMBER AT ABOVE INSTITUTION

- We hereby authorize UGP to initiate a one time debit entry to our account in the financial institution identified above. We additionally authorize the financial institution to credit the same to our account.
- Please attach a cancelled check for checking accounts or a "spec sheet" from your financial institution for savings accounts.

\_\_\_\_\_  
 DATE (M/d/yy)      APPLICANT SIGNATURE      \_\_\_\_\_  
 PRINTED NAME