



Teamsters Western Region & Local 177 Retiree Health Care Plan

Direct Payment Service

We are pleased to offer you the convenient **Direct Payment Service** to make automatic health care premium payments from your checking or savings account.

The **Direct Payment Service** will help you because:

- It saves time – fewer checks to write
- Helps you to meet your commitment in a convenient and timely manner – even if you are on vacation or out of town
- There are no lost or misplaced statements and your payment is always on time – helping to maintain good credit and avoid late charges
- It saves postage
- It's easy to sign up for and easy to cancel

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Here's how this service works:

You authorize regularly scheduled payments from your existing checking or savings account. Then, sit back and relax. Your payments will come out of your account automatically on the 15th of each month (or on the next banking day if the 15th is on a weekend or bank holiday). Proof of this payment will appear on your bank statement. **This authorization remains in effect until you notify us in writing to terminate it.** If the amount of your payment changes, we will notify you at least 10 days before the payment date. This service is dependable, flexible, convenient and easy. Complete the authorization section below and return the entire form to us.

Authorization for Direct Payment

I authorize the Teamsters Western Region and New Jersey Health Care Fund's (Fund) financial institution to initiate ACH debit entries to my checking/savings account at the below listed financial institution. This authority will remain in effect until I notify the Fund in writing to cancel it. Such notification must be received in the Fund administrative offices at least 5 business days before the 15th of the month. I understand that I can stop payment of any such entry by notifying my financial institution 3 business days before my account is charged.

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(Name of Financial Institution)

(City)

(ST)

(Zip Code)

(Signature)

(Date)

(Participant Name – Please print clearly)

(Participant Address – Please print clearly)

Account #: _____ Checking Savings

The 9 digit number at the bottom left of your check should read: A123456789A

Financial Institution Routing Number (9 digits): _____

IMPORTANT – Retain a copy of this form for your records

Attach VOIDED check here