



Electronic Funds Transfer
AUTHORIZATION FORM

Railroad Accounts-EFT
450 Columbus Boulevard
CT030-13NA--EFT
Hartford, CT 06103

INSTRUCTIONS:

1. Complete the information below.
2. Sign and date the completed form.
3. Attach a voided check. Do not send a deposit slip or canceled check.
4. Mail the completed, signed form along with the voided check to the address indicated below.
5. Accounts will be converted to a monthly status in order to be enrolled in EFT.

Member Information:

Member First Name: _____ M.I.: ____ Last: _____
Billing Agreement / Subscriber Number: _____

I (we) authorize UnitedHealthcare Railroad Accounts to initiate monthly deductions, in the amount of the current rate for the coverage month(s) for which payment is due from the checking account named on this form and authorize the named banking facility (BANK) to charge such deductions to my (our) account.


This authority remains in effect until UnitedHealthcare Railroad Accounts and BANK receives notification from me (or either of us) of its termination in such time and manner as to give UnitedHealthcare Railroad Accounts and BANK a reasonable opportunity to act on it. I (we) have the right to stop payment of a deduction by notification to BANK in such time as to give BANK a reasonable opportunity to act upon it, with the understanding that such action may put my (our) health care contract in arrears and subject to cancellation.

Bank Account Information:

First Name: _____ M.I.: ____ Last Name: _____
Signature: _____ Today's Date: _____
Telephone Number: _____
Bank Routing Number: _____ Bank Account Number: _____
Bank or Institution Name: _____

Send completed Application and voided check to:

Railroad Accounts-EFT
450 Columbus Boulevard
CT030-13NA
Hartford, CT 06103
Tape Voided Check Here
No Staples, Please

		DATE _____	101
PAY TO THE ORDER OF _____		\$ _____	
		DOLLARS	
 MoneyInstructor.com Bank 1221 Main Street Anywhere, US 10001			
FOR _____			
⑆43618071⑆	7279678402⑈	0101⑈	
Routing/Transit Number	Account Number		