

BAC LOCAL 8 NY WELFARE PLAN
ELECTRONIC PAYMENT AUTHORIZATION FORM

You may choose to have future BAC Local 8 NY Welfare Plan monthly self-pay premiums automatically paid on the last day of each month for the following month's coverage by completing and signing this authorization form. Please allow up to 15 business days for this change to be processed. If you have any questions please call the Fund Office at 607-272-3853.

Account Information

Bank Name: _____ Bank Phone Number: _____

Name on Account: _____

Account Type (check one) Checking Savings

Routing or Transit Number: _____

Account Number*: _____

***Please attach a voided check that shows your bank's routing number and account number**

Authorization Agreement

I _____, hereby authorize BAC Local 8 NY Welfare Fund to automatically debit the amount of my monthly premium for health insurance from my bank account (listed above) on the last day of each month for the following month's coverage. Any fees incurred due to insufficient funds or incorrect information will be my responsibility.

I understand that written notice will be required to make any changes.

Subscriber's Signature

Date

Account Holder's Signature (if different from Subscriber)

Date

