



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

AGENTS APPOINTMENT FEE 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.

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|----|---|--------------------------|----------------------------------|--------------------------|-----------------------------------|--------------------------|-------------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| A. | TYPE OF TRANSACTION: | <input type="checkbox"/> | ADD | <input type="checkbox"/> | CHANGE | <input type="checkbox"/> | DELETE | | | | | | | | | | | | | | | | |
| B. | _____ NAME OF COMPANY OR INDIVIDUAL | | _____ COUNTY | | _____ (AREA CODE) TELEPHONE | | | | | | | | | | | | | | | | | | |
| | _____ ADDRESS | | _____ CITY | | _____ STATE | | _____ ZIP CODE | | | | | | | | | | | | | | | | |
| C. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | _____ EMAIL ADDRESS | | | | | | | | | | |
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| D. | _____ FINANCIAL INSTITUTION NAME | | | | _____ (AREA CODE) TELEPHONE | | | | | | | | | | | | | | | | | | |
| | _____ ADDRESS | | _____ CITY | | _____ STATE | | _____ ZIP CODE | | | | | | | | | | | | | | | | |
| E. | TYPE OF ACCOUNT | | SAVINGS <input type="checkbox"/> | | CHECKING <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| F. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
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| | TRANSIT ROUTING / ABA NUMBER | | | | AMOUNT (FOR ONE-TIME PULLS ONLY) | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | |
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| | 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