

DATE

APPLICANT SIGNATURE

UNITED GROUP PROGRAMS, INC

2500 North Military Trail # 450 BOCA RATON, FLORIDA 33431

dcolson@ugpinc.com
EMPLOYER

ACH PREMIUM WITHDRAWAL AUTHORIZATION AGREEMENT

- To sign up for EFT, please <u>TYPE or PRINT</u> 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.

☐ MONTHLY	CHECK ONE	DNE-TIME
TYPE OF TRANSACTION: ADD	CHANGE	DELETE
NAME OF COMPANY OR INDIVIDUAL	COUNTY	(AREA CODE) TELEPHONE
ADDRESS	CITY S	TATE ZIP CODE
TAX ID NUMBER	EMAIL ADD	RESS
FINANCIAL INSTITUTION NAME	(A	REA CODE) TELEPHONE
ADDRESS	СІТҮ	STATE ZIP CODE
TYPE OF ACCOUNT SAVINGS CHE	CKING	
TRANSIT ROUTING / ABA NUMBER	AMOUNT (FOR	ONE-TIME PULLS ONLY)
TRANSIT ROUTING / ABA NUMBER	AMOUNT (FOR	ONE-TIME PULLS ONLY)
TRANSIT ROUTING / ABA NUMBER ACCOUNT NUMBER AT ABOVE INSTITUTION	AMOUNT (FOR	ONE-TIME PULLS ONLY)

PRINTED NAME