

Electronic Payment Enrollment Form

(please print)

Retiree Name(s) _____
Address _____
City/State/Zip _____
Daytime Phone _____

***** * ***** * ***** * ***** * ***** * ***** * ***** * ***** * ***** *

To ensure the correct account number and ABA routing number is used for your EFT, please contact your financial institution:

ABA/Routing Number: _____

Account Number (please check): _____

- Checking
- Savings

I authorize the release of my personal information to the company for the purpose of processing my enrollment. I understand that I will be responsible for any fees associated with this enrollment. I agree to the terms and conditions of the enrollment agreement. I understand that I will be responsible for any fees associated with this enrollment. I agree to the terms and conditions of the enrollment agreement.

Signature: _____

Date: _____

PERMISSION TO DISSEMINATE INFORMATION TO THE COMPANY FOR THE PURPOSE OF PROCESSING MY ENROLLMENT. I understand that I will be responsible for any fees associated with this enrollment. I agree to the terms and conditions of the enrollment agreement.