



East Central Illinois Pipe Trades Health & Welfare Fund Authorization Agreement For Direct Payments

I authorize NEBCO, administrator for my Plan, to withdraw my payment from my checking account according to my agreed payment schedule: **MONTHLY**, NEBCO will continue to withdraw this amount until I notify NEBCO in writing that I wish to cancel automatic payments. I understand that my payments are subject to increases or decreases based on written notification to me. I also understand the withdrawal date is the first working day of the month that my payment is due.

I will give NEBCO sufficient time to act upon this request. Until implementation of this automatic payment plan by NEBCO is complete, I will continue to make payments as scheduled.

If my account is erroneously charged, my financial institution will immediately credit the same amount to the account up to 15 days following issuance of the statement or 45 days after posting, whichever occurs first.

I will notify NEBCO immediately if I change my account to a different financial institution.

This authorization will remain in full force and effect until NEBCO has received written verification from me of its termination, in such time and manner as to afford NEBCO reasonable opportunity to act upon the request.

Remember:

- Initial implementation of this automatic payment plan may take up to two months. Continue to make your regular payments until you no longer receive a written invoice.
- If there is ever a withdrawal error, notify your financial institution. They will immediately credit your account.
- If you move your checking account to a different financial institution or make any changes within your current financial institution, you must give written notice to NEBCO.
- There is no charge for this option by the plan administrator; however, some financial institutions may charge a processing fee for this service. For details, contact your financial institution.
- If you wish to cancel automatic payments, you must give NEBCO written notice and reasonable time to respond.

If you have any questions, call the Plan Administrator: NEBCO at 888.883.3757

Please Attach a Voided Check from your Checking Account

This authorization is to remain in full force and effect until NEBCO has received written notification from me of its termination in such time and in such manner as to afford NEBCO and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____ POLICY NUMBER: _____
(PLEASE PRINT)

ORGANIZATION: **East Central Illinois Pipe Trades Health & Welfare Fund**

DATE: _____ SIGNED _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGANIZATION IN THE MANNER SPECIFIED IN THE AUTHORIZATION.