



Railroad Accounts
PO Box 150453
Hartford, CT 06115-0453

Electronic Funds Transfer (EFT) Is Here

EFT is a payment method that allows you to have your payment **automatically deducted** from your checking or savings account. It is a fast, secure way to ensure that your medical insurance is paid, even when you are away from home.

Feel comfortable in knowing:

- Your insurance is paid when you are away from home
- You will save on the cost of checks and rising postage rates
- You know that your checks have not been lost in the mail
- You will always be paying the proper rate
- You will receive a record of payment on your bank statement
- Your payment will be withdrawn on or about the fifteenth of the month

SIGN UP FOR EFT TODAY!

- Attach a voided check or voided savings deposit slip.
- **You should continue to make your monthly payments until notified your monthly automated withdrawal will happen.** You will receive a "VERIFICATION OF ELECTRONIC PREMIUM WITHDRAWAL" statement, which will replace the monthly billing statement. This statement will advise you the date when the withdrawal will take place and the amount to be withdrawn.
- Complete the attached form and sign
- **PLEASE DO NOT SEND WITH YOUR PAYMENT COUPON**
- Send to:
UnitedHealthcare
Railroad Accounts: EFT
PO Box 150453
Hartford, CT 06115-0453

Questions: Please call 800-842-5252

*****Balance must be paid through the current premium period in order to enroll*****

These forms are only to be used for UnitedHealthcare Railroad Accounts

Automatic Withdrawal/EFT Application

Use for Railroad Accounts Only

Steps to complete this application:



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 PO Box 150453
 Hartford CT 06115

1. Fill in the form completely with your personal and financial information
2. Read the authorization agreement located on the bottom of this form
3. Sign and date the authorization agreement
4. Return the form with either:
 - a. A **Voided check** from your personal checking account OR
 - b. A **Deposit slip** from your personal savings account

NOTE: ONLY ONE WITHDRAWAL TYPE ALLOWED PER RAILROAD ACCOUNT

PERSONAL INFORMATION	FINANCIAL INFORMATION
Billing Agreement or Subscriber Number:	Bank Name:
Member Name:	Bank Phone:
Mailing Address:	Bank Account Number:
City:	Bank Routing Number: (9 digit number located on your check or deposit slip)
State:	<input type="checkbox"/> Checking Account (Attach Blank Voided Check)
Zip Code:	<input type="checkbox"/> Savings Account (Attach Blank Deposit Slip)
Home Phone Number:	YOU MUST CONTINUE TO MAKE PAYMENTS BY CHECK UNTIL NOTIFIED THAT THE WITHDRAWAL WILL OCCUR.

I (we) authorize UnitedHealthcare Railroad Accounts to initiate monthly deductions, in the amount of the current rate for the coverage month(s) for which payment is due from the account named on this form and authorize the named banking facility (BANK) to charge such deductions to my (our) account.

This authority remains in effect until UnitedHealthcare Railroad Accounts and BANK receives notification from me (or either of us) of its termination in such time and manner as to give UnitedHealthcare Railroad Accounts and BANK a reasonable opportunity to act on it. I (we) have the right to stop payment of a deduction by notification to BANK in such time as to give BANK a reasonable opportunity to act upon it, with the understanding that such action may put my (our) health care contract in arrears and subject to cancellation.

Name (Printed) _____

Signature _____

Date _____