



UTU Insurance Association

24950 Country Club Blvd., Suite 340
North Olmsted, Ohio 44070-5333

Phone 216-228-9400 Fax: (216) 228-0411 www.utuia.org

DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION AGREEMENT

I hereby authorize **United Transportation Union Insurance Association (UTUIA)** to initiate automatic deposits to my account at the financial institution named below. I also authorize **UTUIA** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **UTUIA** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **UTUIA** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

ACCOUNT INFORMATION

Name of Financial Institution _____

Routing Number _____ Account Number _____

Checking (**Attach voided or cancelled check**)

Savings (**Attach deposit ticket**)

SIGNATURE

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____
(Joint Account)

Print Name _____