



FRATERNAL INSURANCE BENEFITS

24950 Country Club Blvd., Ste. 340 · North Olmsted, OH 44070-5333
Phone: 216-228-9400 · Fax: 216-228-0411 · www.utuia.org

REQUEST FOR PRE-AUTHORIZED PAYMENT PLAN

By signing below, you acknowledge and agree to the terms and conditions noted and authorize United Transportation Union Insurance Association (UTUIA) to direct a transfer of funds, by drawing a check, an automatic entry, or any other means permitted by law (payment transfer), from your account designated below. **A voided check or proof of account from your financial institution must accompany this form. Retain a copy for your records.**

Name of Financial Institution: _____

Policy No.	Insured/Annuitant
Policy No.	Insured/Annuitant
Policy No.	Insured/Annuitant
Policy No.	Insured/Annuitant
Policy No.	Insured/Annuitant

Payment transfers will be made on or about the fifth day of the month. The entry on your financial institution's account statement showing that a payment transfer has been made will be your notice of our receipt of your premium. Any requirement for giving notice of premium due is waived so long as the Payment Plan is in effect.

A premium payment will be considered as having been made and received by us only if the payment transfer for that premium is actually completed by your financial institution. If your financial institution refuses to make a payment transfer, or if a payment transfer is rejected, dishonored, returned, reversed or readjusted by any reason, including a stop payment order or for insufficient funds, any subsequent payment transfer completed by your financial institution will not waive any lapse of the policy for non-payment of the previous premium(s) and at UTUIA's option, any such subsequent payment transfer may be applied to past due premiums.

UTUIA may terminate your participation in the Payment Plan at any time without prior notice if your financial institution refuses to make a payment transfer, or if a payment transfer is rejected, dishonored, returned, reversed or readjusted for any reason, including a stop payment order or for insufficient funds.

The Payment Plan may be terminated at any time by UTUIA, the policy owner or any of the depositors signing below by written notice to the other parties. Any such notification to UTUIA shall be effective only with respect to payment transfers directed by UTUIA after UTUIA has received the notification and has had a reasonable opportunity to act on it. You also acknowledge that your financial institution reserves the right to terminate its participating in the Payment Plan at any time without prior notice.

If the Payment Plan is terminated for any reason, any premium past due at the time of that termination and any premiums due after the date of that termination will be payable at the premium rate and in accordance with the payment schedule which would have been applicable to the policy if you had not chosen to participate in the Payment Plan.

UTUIA will not be liable for any loss, damage or expenses of any kind or nature resulting directly or indirectly from, or in any way connected with the refusal of your financial institution to complete a payment transfer or the rejection, dishonor, return, reversal or readjustment for any reason of a payment transfer.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Address, City, State, Zip of Account Holder

Telephone Number

Date