



EFT Authorization Form-Dependent Insurance Premium

I authorize Western Electrical Contractor's Association (WECA) to electronically transfer my monthly dependent insurance premium payments from the checking or savings account indicated on the attached voided check or savings account information indicated below. I authorize the financial institution on which my enclosed financial information is drawn to accept the deductions initiated by WECA.

**I understand that:**

- Premium payments will be deducted each month on the 1<sup>st</sup> day of each month beginning with the month I elect dependent insurance coverage. If the 1<sup>st</sup> falls on a holiday or weekend, the funds will be deducted the 1<sup>st</sup> business day following the 1<sup>st</sup>.
- If the designated checking or savings account has insufficient funds at the time of the electronic funds transfer, my policy (ies) may be cancelled after notification required by law. **(A \$25 service fee will be assessed for any non-sufficient funds transfer).**
- This authorization remains in effect until I revoke it in writing.
- I understand a new form is required if there are changes to the banking information.
- I will be notified if the amount to be withdrawn is adjusted.
- If a person other than myself is authorizing an EFT from their bank account, I understand that the monthly dependent coverage premium and any NSF fee are still my financial responsibility.

(A) Apprentice Name \_\_\_\_\_ (print)

Apprentice Signature \_\_\_\_\_

(B) Withdraw the monthly Premium payment of \$ \_\_\_\_\_ from (check one):

- Checking Account (Attach a voided check).
- Savings Account (Ask your bank to verify the information on a savings account).

Name of Financial Institution

Routing Number

Account Number

\_\_\_\_\_

***(C) If a person other than the apprentice is authorizing and providing financial information for this monthly EFT deduction from their financial institution, person must provide:***

Name \_\_\_\_\_ (print)      Signature \_\_\_\_\_

(other than apprentice)

Relationship to Apprentice \_\_\_\_\_      Phone #\_(\_\_\_\_)\_\_\_\_\_

*By signing above in Section (C), I am authorizing the monthly funds as specified above in Section (B) to be deducted from my bank account as named above. I understand that communication regarding any changes to the dependent premium is communicated solely to the Apprentice responsible for the dependent coverage premium and I will not receive separate communication regarding such changes. I accept that notification to the Apprentice named above regarding changes to the Dependent coverage premium will result in changes to the amount authorized for deduction to my account. I also understand that a revocation of the monthly EFT authorization must come in writing and the Apprentice in Section A) will be notified. I authorize the financial institution on which my enclosed financial information is drawn to accept the deductions initiated by WECA.*