

**MICHIGAN BAC HEALTH CARE FUND**  
**DIRECT DEBIT AUTHORIZATION AGREEMENT**

I (we) hereby authorize the Michigan BAC Health Care Fund to instruct my Financial Institution to make monthly Retiree Self-Payments to the Fund from the Account identified below on or around the 25<sup>th</sup> of each calendar month. This authority will remain in effect until The Fund has received, by the 15<sup>th</sup> of the month, my (our) written notification that I (we) have terminated this authorization or until the Fund has mailed to me, written notice of termination of this agreement. I agree and understand that the amount of my Account Debit will change automatically if my (our) self-payment rate changes at any time.

**CONTACT INFORMATION**

Name(s) on Account: \_\_\_\_\_

Daytime Phone #: ( ) \_\_\_\_\_ Other Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Other Address: \_\_\_\_\_

Member ID No.: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Signature if Joint Account\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If more than one name appears on the account to be debited, both parties must sign the authorization form.*

**REQUIRED FINANCIAL INSTITUTION INFORMATION**

(A Voided Check or Savings Deposit Slip must accompany this form)

Name of Financial Institution: \_\_\_\_\_

Account Type (select one): Checking \_\_\_\_\_ Savings \_\_\_\_\_

Account Number: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

(This number is located in the lower left corner of your check)

**PLEASE NOTE: COMPLETED FORMS MUST BE RECEIVED BY THE FUND OFFICE NO LATER THAN THE 20<sup>TH</sup> OF EACH MONTH. PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT THEREAFTER ON OR THE LAST BUSINESS DAY THAT FALLS ON OR PRECEEDS THE 25<sup>TH</sup> OF EACH MONTH.**

***PLEASE RETURN YOUR COMPLETED FORM WITH A VOIDED CHECK OR SAVINGS DEPOSIT TICKET TO THE ADDRESS LISTED BELOW:***

**Michigan BAC Health Care Fund  
6525 Centurion Drive  
Lansing, Michigan 48917-9275**

FOR OFFICE USE ONLY

Debit Effective Date: \_\_\_\_\_ Debit Amount: \$ \_\_\_\_\_

For questions, contact the Customer Service Department of the MI BAC Health Care Fund (800) 531-2244