

Recurring ACH Debit Agreement for LifeOptions Premiums

Part 1 – General Information

Plan Sponsor _____ Employer # _____
Address _____ Division # _____
_____ Phone # _____

Part 2 – Authorization for Automatic Debits

We, the undersigned, agree to make quarterly payments to Wespath. I, as the authorized representative, hereby approve Wespath to debit such payments by electronic funds transfer (EFT) the first month of the quarter on the 30th from (check one):

☐ Checking Account ☐ Savings Account

This debit agreement applies only to LifeOptions Premiums.

Part 3 – Financial Institution Information

Bank name _____ Bank phone # _____
Bank address _____
Financial institution's transit routing # _____ Account # _____

It is your responsibility to provide Wespath with any updates to this information. If a payment cannot be processed due to a change in your account information or insufficient funds in the account, you may be assessed a non-sufficient funds fee by your financial institution and/or by Wespath. You are responsible for the payment of any resulting fees.

This agreement remains in full effect until you provide written notification to Wespath of its termination in such time and manner as to afford Wespath a reasonable opportunity to act on it. This debit agreement will end with the last payment for coverage or by notification to terminate coverage. It may take up to 30 days from Wespath's date of receipt to process this agreement.

Part 4 – Authorized Representative Signature

I, as the authorized representative, agree to the terms of this debit agreement and give permission to Wespath to debit the account as described above.

Authorized Representative Signature _____

Date _____

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to **kguido@wespath.org** or **cpersivale@wespath.org** or
- Fax to **1-847-866-5196** or
- Mail to Wespath
Benefits-Welfare
1901 Chestnut Avenue, Glenview, IL 60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.