

**Hawaii Employer-Union Health Benefits Trust Fund (EUTF)
ACH Deduction Cancellation Form**

Member Information [*Please Print*]:

Member Name _____ Last 4 digits of SSN or EUTF ID Number _____

Mailing Address _____

Home Phone Number _____ Mobile Phone Number _____

Work Phone Number _____ E-mail Address _____

SECTION A – Account Information

Name of Account Holder(s):
Name of Financial Institution:
Account Number:

SECTION B – Authorization

By signing in Section C, the Member:

- Requests the cancellation of the ACH deduction of health benefit premiums previously authorized on the account named above.
- Understands that by canceling this ACH deduction of health benefit premiums, they are still responsible for making any future health benefit premium payments to the EUTF via other payment options.

SECTION C – Signature

Authorized Signature:	Date:
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If we receive your completed form by the 10th of the month, your automatic payments will stop the month after we receive your completed ACH – 002. Otherwise, your automatic payments will stop the second month after we receive your completed form.

If you have any questions, please contact the EUTF customer call center at

Oahu: (808)586-7390 Ext. 3
Toll-free: (800)295-0089 Ext. 3

EUTF website: www.eutf.hawaii.gov

Mailing Address: EUTF
PO Box 2121
Honolulu, HI 96805

Street Address: EUTF
201 Merchant Street, Suite 1650
Honolulu, HI 96813