

**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 HB 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**

<b>Authorized Signature:</b>	<b>Date:</b>
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If we receive your completed form by the 10<sup>th</sup> of the month, your automatic payments will stop the month after we receive your completed ACH-002 form. Otherwise, your automatic payments will stop the second month after we receive your completed form.

If you have any questions, please contact the EUTF Accounting at:

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

EUTF website: [www.eutf.hawaii.gov](http://www.eutf.hawaii.gov)

Mailing Address: EUTF  
201 Merchant Street, Suite 1700  
Honolulu, HI 96805

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