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: _____ Email 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:**

If we receive your completed ACH-002 form by the 10th of the month, your automatic payments will stop the month after we receive your form. Otherwise, your automatic payments will stop the second month after we receive your completed ACH-002 form.

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

Phone: Oahu: (808) 586-7390 ext. 3 Toll-free: 1-800-295-0089 ext. 3

Website: eutf.hawaii.gov

Address: EUTF
201 Merchant Street, Suite 1700
Honolulu, HI 96813