



Instructions for ACH Deduction Authorization Agreement

All portions of the ACH Deduction Authorization Agreement must be completed, except where optional, for the form to be valid. In addition, if there is any alteration of this form, a new form must be completed.

If you retire and/or become a survivor-beneficiary on or after **October 1, 2020** and are responsible to pay for a portion of your monthly health benefits premium, you are required to enroll in a recurring electronic premium deduction option (**Act 62, SLH2020**). Please refer to [EUTF Administrative Rule 4.14](#) for details.

You must submit a new form if there are any changes to your account (i.e., account number, account holder, financial institution). The most recently dated ACH Deduction Authorization Agreement submitted to EUTF will apply.

Section A – Account Information

The name of the active employee, retiree or surviving spouse must appear on the account. You may ask the representative of the financial institution to help complete this section. For withdrawals from a savings account, financial institution certification is required. For withdrawals from checking accounts, a voided check must be attached. If you do not have a voided check, a financial institution certification is required.

Section B – Agreement of All Account Holders

This section contains the agreement of all Account Holders, including the EUTF member, retiree or surviving spouse, domestic partner or civil union partner; and other Account Holders. The agreements in Section B apply to all Account Holders even if they are not the member, retiree or surviving spouse plan subscriber.

Section C – Signatures of All Account Holders

By signing the ACH Deduction Authorization Agreement, the signer certifies the information is accurate and confirms that they understand and agree to the agreement in Section B.

The active employee, retiree or surviving spouse signs as primary account holder. If the account is a joint account, please have all Account Holder(s) sign the form. Use an additional sheet if necessary. If you are representing the active employee, retiree or surviving spouse, domestic partner or civil union partner, please ensure that you have any authorizing document(s) attached to the ACH Deduction Authorization Agreement.

Please be sure to attach a VOIDED check if withdrawing from a checking account or have the financial institution complete Section B if you do not have any checks or are withdrawing from a savings account. Please return this form to the EUTF.

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: eutf.hawaii.gov

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

Hawaii Employer-Union Health Benefits Trust Fund (EUTF)
ACH Deduction Authorization Agreement
Automated Electronic Payment of Health Benefit Premiums

___ New Agreement OR ___ Updated Agreement *(please check one)*

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 (see your financial institution for help in completing this section)

Name of Account Holder(s): 		
Name of Financial Institution: 		
Routing Number: 		
Account Number: 	<input type="checkbox"/> Checking*	<input type="checkbox"/> Savings
Financial Institution Certification (Required for Savings; Optional for Checking):		
Name of Agent: _____	Phone: _____	
Signature: _____	Date: _____	

***Please attach a VOIDED check**

SECTION B – Authorization

By signing in Section C, the Account Holder(s):

- Certify all information is accurate and I/we hereby authorize the EUTF to begin deduction of health benefit premiums and/or adjust the deduction amounts as necessary (e.g. due to change in premiums) from my account with the financial institution named above for payment of my EUTF health benefit premiums. This authorization will remain in full force until the EUTF has received written notification from me of its termination in such time and in such manner as to afford EUTF and the Financial Institution a reasonable opportunity to act on it.
- Consent to the disclosure by the Financial Institution to the EUTF of any information that the EUTF requests to effectuate, administer, or enforce the transactions authorized in Section B.
- Agree not to hold the EUTF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me/us or by Financial Institution or due to an error on the part of the Financial Institution in withdrawing funds from the account.

SECTION C – Signatures of All Account Holders

Authorized Signature (Primary): 	Date:
Authorized Signature: 	Date:

Please send form back to EUTF.