



## 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

<b>Authorized Signature:</b>	<b>Date:</b>
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If we receive your completed ACH-002 form by the 10<sup>th</sup> 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](http://eutf.hawaii.gov)

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