Community College of Philadelphia

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT PAYMENT BY ACH DEBIT FOR RETIREE HEALTH INSURANCE COVERAGE AS SET FORTH ON CCP SCHEDULE OF RATES

New Agreement	Change in Account	Terminate Direct Payment	
- · · · ·			ces hereinafter called COMPANY, to initiate my (our) account as indicated below.
	Checking		Savings
	ill be monthly occurring on the 20 th a Holiday, the Debit will occur the fi		Please note that if the 20^{th} falls on a weekend after the 20^{th} .
us) of its termination in such time a		MPANY a reason	d written notification from me (or either of able opportunity to act on it. I (we) can stop my (our) account is charged.
COMPANY initiates the ACH Debit.	ponsibility to ensure that proper fur If proper funding is not available, I dministrative fee of \$10.00 (ten) do	(we) will be char	ein my (our) account at the time the ged the appropriate fees incurred by the
I (we) realize this agreement may be Institution named for any reason.	pe terminated by the COMPANY imr	nediately if any o	lebit is not honored by the Financial
(Name of Financial Institution)		(Branch Address)	
(City)		(State)	(Zip)
(Transit/ABA/Routing Number)		(Bank Account Number)	
Making Payments for:			
	(Name of CCP Retiree or Sp	,	
ATTENTION: The mo	onthly deduction will appear on	your bank stat	ement with notation of "BCI."
	***** ATTACH A VOIDI	ED CHECK *****	
Please Print Name		Social Security Number	
Street Address		Telephone/Cell Number	
CITY		STATE	ZIP CODE
SIGNATURE		DATE	

THIS FORM MUST BE SIGNED TO BE PROCESSED

Twice a year, the College will notify you via U.S. mail regarding rates changes which typically occur each September and January. We will notify you at least 15 days before the regular scheduled payment date.