

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**

I (we) hereby authorize RetireeFirst hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries for any debit entries in error to my (our) account as indicated below.

_____ Checking _____ Savings

The frequency of the ACH Debit will be monthly occurring on the 20th of each month. Please note that if the 20th falls on a weekend or a Holiday, the Debit will occur the first business day after the 20th.

This authority is to remain in full force and will be effective until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. I (we) can stop payment of any entry by notifying my (our) financial institution 3 business days before my (our) account is charged.

I (we) understand it is my (our) responsibility to ensure that proper funding is available in my (our) account at the time the COMPANY initiates the ACH Debit. If proper funding is not available, I (we) will be charged the appropriate fees incurred by the COMPANY from the bank plus an administrative fee of \$10.00 (ten) dollars.

I (we) realize this agreement may be terminated by the COMPANY immediately if any debit is not honored by the Financial Institution named for any reason.

(Name of Financial Institution)

(Branch Address)

(City)

(State)

(Zip)

(Transit/ABA/Routing Number)

(Bank Account Number)

Making Payments for: _____
(Name of CCP Retiree or Spouse)

**ATTENTION: The monthly deduction will appear on your bank statement with notation of "RetireeFirst."
***** ATTACH A VOIDED CHECK *******

Please Print Name

Social Security Number

Street Address

Telephone/Cell Number

(City)

(State)

(Zip)

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.