



## FUND TRANSFER PROGRAM

### SECTION I: Member Information (Print or Type)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone / Work Phone: \_\_\_\_\_

In signing this form, I authorize United Concordia Companies, Inc. and the financial institution listed below to debit my account, according to the terms, automatically every month. I understand billing is done on the 2nd Friday of the month and my insurance premium will be taken from my account that day or the following week. Adjusting entries to correct error(s) is also authorized.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION II: Account Information (Print or Type)

Financial Institution: **Zeal Credit Union**

Financial Institution Address: **17250 Newburgh Road, Livonia, MI 48152**

Transit/Routing Number: **272477694** Account Type: **Checking Only**

Checking Account Number: \_\_\_\_\_

### SECTION III: Additional Information

Attach a sample check or deposit slip for the account from which the debit should be made. Please write **VOID** on any sample check submitted.

Mail Completed Information to:

United Concordia Companies, Inc.  
Direct Pay  
PO Box 69423  
Harrisburg, PA 17106-9423

or Fax to: 800-329-9093

## **For your information**

### **COMPLETING YOUR APPLICATION FOR THE UCCI FUND TRANSFER PROGRAM**

This information included in the UCCI Fund Transfer Program application will be used to process payment data from UCCI to Zeal Credit Union. Your application for enrollment will not be processed without this form.

### **INSTRUCTIONS**

1. Please complete the form, providing information requested in all sections. All information, including your Social Security Number, is required for settlement of funds. Your work/cell and home telephone numbers are required in the event it becomes necessary to contact you. The information you provide will be kept strictly confidential.
2. Please sign the application in the area indicated. By signing the document, you authorize your participation in the Fund Transfer Program and agree to its terms.
3. Please allow up to 30 days for processing of your application. After your application has been processed, you will receive confirmation. A UCCI ID card will be mailed to your address listed on your application.
4. Mail it to the address shown on the front of the form. Please attach a sample of one of your checks or deposit slips to the application.
5. The debit to your account will be on the second Friday of the month of coverage. Refer to open enrollment materials for information on rates, terms, and conditions of the UCCI dental program.

## **AVAILABILITY OF FUNDS**

Zeal Credit Union will use ordinary care under NACHA guidelines for the processing of Fund Transfer Program transactions.

Refer to Zeal Credit Union's Funds Availability Disclosure at [zealcu.org/disclosures](http://zealcu.org/disclosures)

Premium files are remitted to the Credit Union on the **Second Friday of the Month.**

If the Funds are not available, another attempt will be made to debit your account **on the Fourth Friday** of the month.

Please be aware that your Credit Union may charge a fee in the event your account has non-sufficient funds at the time of billing.

**PLEASE NOTE:** Although the electronic request is submitted on that Friday, this is not a guarantee on which day the Credit Union will withdraw the premiums from the account.

**If we are unable to pull funds at that time, your policy will be terminated on the first of that current month.**

## **CANCELLATIONS/CHANGES**

To Add/Delete a dependent or cancel the policy, please send written documentation to United Concordia at:

PO Box 69423  
Harrisburg PA 17106-9423

Or Fax to: 800.329.9093

**Call United Concordia Companies, Inc. Toll Free at 1-866-357-3304 Customer Service**