

United Legal Benefits Debit Authorization

I (we) hereby authorize United Legal Benefits, LLC (ULB) to initiate debit entries to my (our) account indicated below and further authorize the financial institution named below to debit the same to such account for ULB group legal coverage. **The amount authorized for debit entry is \$15.00 per month for payment of my (our) group legal coverage provided by United Legal Benefits.** I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___Checking ___Savings

This authority is to remain in full force and effect until United Legal Benefits has received written notification from me (or either of us) of its termination in such time and manner as to afford United Legal Benefits and my Financial Institution a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Individual I.D. Number or S.S.N.) (Date)

(Print Individual Name) (Signature)

(Individual I.D. Number or S.S.N.) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM: