

## **USFHP Electronic Payment Authorization**

## 1. PLEASE FILL OUT THE FOLLOWING ACCOUNT INFORMATION:

Name of Subscriber				
2. PLEASE SELECT O	NE OF	THE FOLLO	WING AUTO	PAY OPTIONS:
ANNUAL PAYMENT -	Amoun	t due Every O	ctober	
Automatically Recurring		Credit or Debit o		DATE
		EFT deduction		ACCOUNT # SAVINGS
Non-Recurring (You Must Ini	tiate Payı	ment)		
Credit or De	bit card	CARD #		EXPIRATION DATE
Non-Recurring (You Must Ini	tiate Payı	EFT deduction <i>ment)</i>		ACCOUNT # SAVINGS
Credit or De	bit card	CARD #		EXPIRATION DATE
MONTHLY PAYMENT	- Dedu	cted automati	ically every m	onth
Automatically Recurring			ROUTING # SAVINGS	ACCOUNT #
		Allotment deduction (withdrawn from Retirement Pay)		
3. PLEASE SIGN TO A	AUTHC	ORIZE THIS A	UTOMATIC	PAYMENT
Signature				Date