



Jefferson Federation of Teachers HEALTH AND WELFARE FUND

2540 Severn Avenue, Suite 302, Metairie LA 70002
Phone 504-455-7261 Fax 504-455-7267
Website: www.jfthw.org Email: info@jfthw.org



AUTHORIZATION

Last Name _____

First Name _____

Last 4 digits of Social Security Number XXX-XX-_____

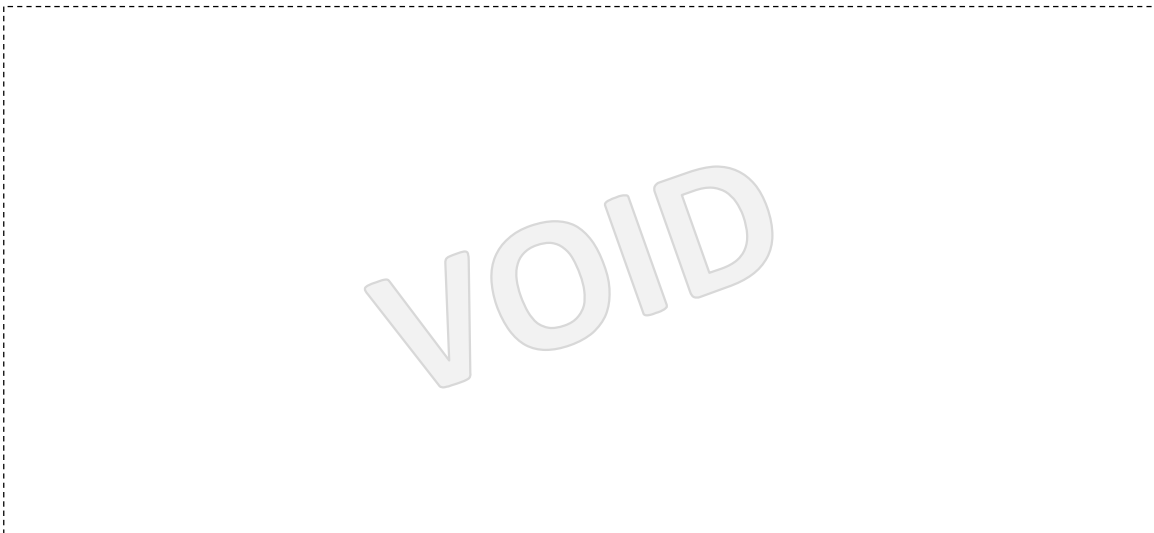
OFFICE USE ONLY:

Bank Account Information

Name of Bank _____

Automatic monthly premium amount \$ _____ Checking Account Savings Account

Please tape a voided check here.



I authorize JFT Health and Welfare Fund (Fund) to electronically withdraw monthly premium payments from the bank account shown on the attached voided check on the 15th of each month. I understand that I may cancel the automatic payment at any time by submitting a written document to the Fund 7 days in advance of the withdrawal date.

Signature

Date

Printed Name

Email Address