



DEAR RETIRED IRON ROAD HEALTHCARE MEMBER:

Iron Road Healthcare (IRHC) offers the option of having your premiums (dues) automatically deducted from your bank account one month at a time instead of making direct payments by mail or online.. To be eligible for the monthly payment plan you must sign up for our Automatic Dues Payment Systems (ADPS) program.

If you are currently paying direct dues payments and wish to sign up for monthly automatic payment plan, complete the attached authorization form and include a voided check.

**When you opt for monthly dues deductions, you will be required to have your dues paid one month in advance. Your first monthly deduction will take place starting with the second Monday of the month you are paid in advance. This procedure will be repeated monthly and you will always be paid one month in advance.**

If you do not have a checking account but wish to take advantage of this program by using your savings account, please provide to us along with your authorization form, your savings account number and your banking institutions routing/transit number.

**Iron Road Healthcare must receive all authorization forms for the automatic payment plan before the last day of the second month of the current calendar quarter in order to be included in the next applicable scheduled debit.**

Here are some of the reasons why we think this service will be helpful to you:

1. It saves time. Your dues payment will automatically be deducted from your bank account and you won't have to worry about making your payment on time.
2. You won't need to worry about making the correct dues payment; we will handle that for you. If there is a dues increase we will notify you in advance.
3. You will save banking service charges and postage.
4. When you sign up for this program, there will be no paper invoice for you to keep track of.



**AUTHORIZATION FORM  
AUTOMATIC DUES PAYMENT SYSTEM**

I (we) hereby authorize Iron Road Healthcare (IRHC) to initiate monthly debit entries (charges) and any needed adjustment to my (our) account with my bank which is:

(Name of Bank)	(Branch)	
(City)	(State)	(Zip)

This authority is to remain in full force and effect until IRHC has received written notification from my spouse or me of our intent to terminate this authorization. However, I realize that I must give IRHC at least 15 days advance notice of our intent to terminate.

(Applicants Name)	(Membership ID #)	(Date of Birth)
(Signature)	(Date Signed)	

Telephone number (     ) \_\_\_\_\_

**Return this completed form and your blank check with the word “VOID” written on it to IRHC at the address listed below. A deposit slip will not suffice.**

**Iron Road Membership Services – P.O. Box 161020 Salt Lake City, UT 84116-1020**