

ACH Services
Authorization Agreement for
Preauthorized Fixed Withdrawals (ACH Debits)

I hereby authorize the McDonald's Licensees Health and Welfare Plan to make withdrawals on a monthly basis in the account identified below at _____ (Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to charge such withdrawals to my listed account. Such withdrawals shall be equal to my monthly premium invoice amount and payable monthly. If the purpose for the withdrawal is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors is also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the National Automated Clearinghouse Association (NACHA). This authorization will remain in effect until written notice of termination is given to the Plan.

Name of DFI				
DFI's Routing & Transit No.	Account No. to Debit		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name of Authorizing Party (Please Print)				
Address	Suite	City	State	ZIP Code
Signature of Authorizing Party			Date	
Association / Company #		Effective date requested		

KEEP A COPY OF THIS FORM ALONG WITH PROOF OF SUBMISSION FOR YOUR RECORDS. Send completed form and voided check to:

Fax: 1-319-887-4114

E-mail: Mcdonalds.serviceteam@mercer.com

Mail: McDonald's Licensees Health & Welfare Plans
P.O. Box 4548 Iowa City, IA 52244-4548

It is not necessary to mail a faxed or e-mailed form.