



## MONTHLY AUTOMATED PAYMENT FORM

COMPLETE THE FOLLOWING:  
(Please Print)

Initial Election  Change of Account Information  Cancel

Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Account Type: Checking  Savings

Bank Name: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(Can be obtained from your bank)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize The Dow Chemical Company to deduct my benefit premium from my checking or savings account. This deduction will occur on the 22<sup>nd</sup> of each month. If the 22<sup>nd</sup> is on a weekend or a holiday the deduction will take place the next available business day. This authority will remain in effect until Dow has received written or verbal notification from me to cancel the Auto Pay deduction. However, Dow reserves the right to cancel my participation in Auto Pay at their discretion. There will be a \$20 fee for payments returned due to insufficient funds.

Attach a voided blank check and return the completed form to:

Dow Benefits – Coverage Compliance  
Dept: DOW  
PO Box 981901  
El Paso, TX 79998

Please allow 7 to 10 days for processing. You may also enroll and/or view your benefit information online on the Dow Benefits website at <https://dowbenefits.ehr.com>.

For questions, please contact the Retiree Service Center toll free at 1-800-344-0661

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