



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 22nd of each month. If the 22nd 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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