

MIDWEST BENEFIT PHARMACY



**P.O. BOX 729
LA GRANGE IL 60525-0729**



**MOE CREDIT UNION/MIDWEST BENEFIT PHARMACY
CO-PAYMENT AUTHORIZATION**

I hereby authorize and direct Midwest Operating Engineers Credit Union to deduct from my regular share account an amount equal to my co-payment balance for prescriptions.

I understand that it is my responsibility to maintain a regular share account balance, and that at no time will my balance be reduced lower than the \$100 minimum balance required by MOECU. In the event that this aforesaid balance is not maintained, then the Credit Union may refuse to transfer any monies on my behalf to MOE Pharmacy.

I further understand that the Credit Union offers this service to me free of charge and this service is subject to revocation by myself or the Credit Union upon receipt of written notice from either party.

I further agree to indemnify and hold harmless the Credit Union and/or its officers, agents, employees and servants and MOE Benefits, its officers, agents, employees and servants from all liabilities arising from any negligent act, omission or willful misconduct of the Credit Union, its officers, agents, employees and servants and/or MOE Benefits, its officers, agents, employees and servants related directly or indirectly to the performance of their duties and obligations under the terms of this Authorization Agreement.

Date: _____ Name: _____ (please print)
(last) (first)

Signature: _____ SS#/CU# _____

Send this form to:

Midwest Operating Engineers Fringe Benefit Funds
Attn: Administration
6150 Joliet Road
Countryside, IL 60525-3994