

### Authorization Agreement for Monthly Pre-Authorized Payments

(Please Print)

NAME (as shown on checking account) \_\_\_\_\_

I (we) hereby authorize Insurance Benefit Administrators, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

#### DEPOSITORY

(Bank) Name \_\_\_\_\_ Branch \_\_\_\_\_

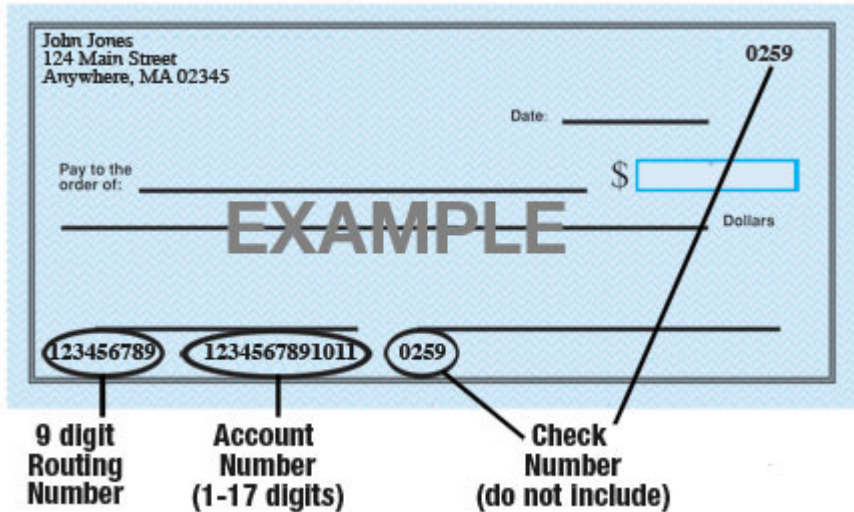
Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_ Account No. \_\_\_\_\_

Bank Phone Number (include area code) \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from myself of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.



Name \_\_\_\_\_ Case Number \_\_\_\_\_

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

Is form filled out completely?

Copy of voided check attached?