



Electronic Funds Transfer (EFT)

Name of Company _____

Group Number _____

- New EFT Authorization Change EFT Authorization

Reason for Change: _____

I hereby authorize the BEX Benefit Plan to initiate debit entries to the below checking or savings account and financial institution. I authorize the BEX Benefit Plan to debit the same account for the dollar amount of group healthcare benefits invoice due to the BEX Benefit Plan on the invoice due date, which will usually occur on the first banking day of each month.

Bank Name: _____

City State and ZIP: _____

Transit / ABA Routing Number: _____

Bank Account Number: _____

Account Type: Checking Savings (Check One)

A voided check for checking account or a deposit slip for savings account is required in order to verify the banking information.

Attention: If you have a debit block set up with your financial institution, you will be required to provide a "debit block number."

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This authority will remain effective until the BEX Benefit Plan has received written notification to change or cancel authorization. I understand if the (EFT) is returned for insufficient funds, the BEX Benefit Plan will permanently remove the group from the EFT program and I will be responsible for making the monthly payment. I acknowledge that I have retained a copy of this agreement for my records.

Official Signature: _____

Title: _____

Date: _____