



Credit Card Authorization / Automated Clearing House (ACH) Electronic Funds Transfer (EFT) Authorization

Insured Information

Name:

Email:

Payment Selection

CCA [] EFT / ACH []

Credit Card Transaction

Credit Card Information: Visa [] Mastercard [] Discover [] American Express []

Card Number: Exp: (MM / YY):

Name (as appears on the card): Authorization Code:

Address: City: State: Zip:

Monthly Recurring Charges: I authorize the Benefits Store to charge this credit card for the monthly premium on the 20th of each month. Yes [] No [] Initials: _____

Credit Card payments will be assessed the full premium rate which includes a 2.5% administration charge.

Automated Clearing House (ACH) / Electronic Funds Transfer (EFT) Transaction

Name on Account: Name of Financial Institution:

Routing Number (9 digits): Account Number:

Account Holder Type: Personal [] Business [] Account Type: Checking [] Savings []

Determining your routing number:

To determine your routing number, refer to your check. The routing number is ALWAYS 9 digits long and it is enclosed by colons. The location of the routing number and account number on you company check varies depending on your bank; for example:

Three diagrams showing check layouts for Bank 1, Bank 2, and Bank 3. Bank 1 shows routing #, check #, and account #. Bank 2 shows routing #, account #, and check #. Bank 3 shows check #, routing #, and account #. Each diagram includes fields for YOUR NAME, YOUR BANK, and a dollar amount.

I authorize the Benefits Store to deduct the monthly premium from this bank account.

Yes [] No [] Initials: _____ 5th of the Month [] 15th of the Month []

Monthly Recurring Charges (EFT)

Payment Authorization

Authorization is given to The Benefits Store, Inc. to charge my credit card or debit the banking account listed above. I will not hold The Benefits Store, Inc. responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my depository/credit institution.

Monthly Transactions Authorization

Authorization is given to The Benefits Store, Inc. to charge my credit card or initiate debits (payments) to the financial institution indicated above. This financial institution is authorized to debit the account. This authority is to remain in full force and effect until either a 30 day revocation notice is written to The Benefits Store, Inc. or upon the termination of the coverage through The Benefits Store, Inc. Should a rate change due to policy renewal, age band change or coverage tier occur, I authorize The Benefits Store, Inc. to automatically make the adjustment to my monthly deduction.

Note: I understand and authorize a \$25 service charge may be applied against my account for all denied transactions for any reason.

Authorized Signature: Date:

Payment Amount: \$ _____