



ACH Payment Authorization

Company/Account Name:

Address:

E-mail:

Go Green! & receive invoices via e-mail? (circle one) YES NO

Bank Information

Bank Name:

Bank ABA (Routing) Number:

Account Number:

Account Type: (circle one) Checking Savings

Draws to begin for: Month: _____ Year: _____

PLEASE NOTE: Because insurance must be paid in advance, debits will occur on approx. the 27th of the month PRIOR TO the month of coverage.

Please attach a voided check from the above account

I authorize Bene-Care, Inc. to debit the above account for premium payment on the due date of each month that coverage is in effect.

Authorized Signature

Title

Date

Print Name

Title

Date