



Authorization Agreement for Electronic Funds Transfer for Subscribers

Complete and securely upload this form to <https://files.peba.sc.gov/dropzone/insuranceaccounting>.

I hereby authorize the South Carolina Public Employee Benefit Authority and my bank named below to begin the automatic monthly deduction from my account for all insurance premiums due.

Bank name _____

City _____ State _____ Zip code _____

Bank phone _____

Account type ☐ Checking ☐ Savings

Transit routing number _____

Bank account number _____

This authorization will remain in effect until your bank has received written notification from PEBA to stop the deduction. PEBA initiates the deduction with your bank on the 15th of the previous month (e.g., initiates draft for May 10 deduction on April 15). Therefore, you must contact PEBA to cancel this authorization before the 15th of the month prior to the next draft. PEBA will notify the bank to stop the deduction and send you a billing statement to remit the premiums. You have the right to stop the deduction by written notification or personal visit to your bank prior to drafting the account. If you stop the deduction without notifying PEBA, we will not allow you to return to EFT.

Name(s) on account _____

Signature _____ Date _____

Signature _____ Date _____

Benefits Identification Number _____ Phone _____

Instructions for completing the Authorization Agreement

1. **Bank name:** Enter the name of the bank where you do business.
2. **City, State and Zip code:** Enter the address of the bank where you do business.
3. **Bank phone:** Enter the telephone number of the bank where you do business.
4. **Routing transit number:** Enter the 9-digit number preceding your bank account number.
5. **Bank account number:** Enter your bank account number.
6. **Name(s) on account:** Print the name(s) on the account and sign in the space provided.
7. **BIN and phone:** Enter your member ID # on your insurance card and enter your phone.