



Authorization Agreement for Electronic Funds Transfer (EFT)

I (we) hereby authorize the Public Employee Benefit Authority and my BANK named below to begin the automatic monthly deduction from my (our) Checking_____Savings_____account for all insurance premiums due.

Bank_____

City_____State_____Zip Code_____

Bank Telephone #_____

Transit Routing #_____

Bank Account #_____

This EFT authorization Agreement is to remain in effect until your BANK has received notification from PEBA to stop the deduction. You must contact PEBA if you would like to cancel the EFT Authorization Agreement. The file sent to the bank to initiate the deduction is created on the 15th of the previous month (the file for the deduction on May 10th is created on April 15th); therefore, if you want to stop the deduction, you must notify PEBA before the 15th. PEBA will notify the bank to stop the deduction and send a billing statement to you to remit the premiums.

You have the right to stop the deduction by written notification or personal visit to the BANK prior to drafting the account. If you stop the deduction without notifying PEBA, we will not allow you to return to using the EFT option to pay your insurance premiums.

As a safeguard to your account, if the amount of your deduction exceeds \$2,000.00, we will stop the bank draft and send a monthly billing statement to you. Once the balance due is below \$2,000.00, your bank draft will resume.

Name(s) on Account_____

Signature_____Date_____

Signature_____Date_____

Benefits Identification #_____Telephone #_____

Instructions for completing the Authorization Agreement

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| 1. Bank Name | Enter the name of the bank where you do business. |
| 2. City, State, and Zip Code | Enter the City, State and Zip Code of the bank where you do business. |
| 3. Transit Routing # | Enter the 9-digit number preceding your bank account number. |
| 4. Bank Account # | Enter your bank account number. |
| 5. Bank Telephone # | Enter the telephone number of the bank where you do business. |
| 6. Name(s) on Account | Please print the name(s) on the account and sign in the space provided. |
| 7. Benefits Identification # | Enter the Member ID # located on your insurance card and your telephone #. |