



A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.
 1505 Dundee Avenue • Elgin, Illinois 60120-1619
 800-746-1505 • 847-695-0200 • Fax 847-742-6336
 insurance@cobbt.org • www.bbtinsurance.org

Authorization Agreement for Automatic Payment

BANK INFORMATION

I hereby authorize BRETHREN BENEFIT TRUST INC. to withdraw funds on the first business day of each month from this account for payment of insurance premiums.

Bank Name _____ Phone Number _____

City _____ State _____ ZIP _____

Routing Number (9 digits) _____ Account Number _____ Checking Savings

TO BE COMPLETED BY THE PLAN PARTICIPANT OR GROUP

This authority is to remain in full force and effect until BRETHREN BENEFIT TRUST INC. has received written notification from my/our authorized representative of its termination in such manner as to afford BRETHREN BENEFIT TRUST INC. and my bank a reasonable opportunity to act on it.

Plan Participant Last Name _____ First Name _____ MI _____

Or Group Name _____ Agreement # _____

Phone Number _____ Email _____

We will use your email address solely to communicate with you about Brethren Insurance Services.

Check here if you wish to receive your invoice via email.

When you sign up for automatic payments, your monthly premium will be deducted on the first business day of each month from your bank account.

Signature of Plan Participant (or Group Representative)

Date

Please attach a voided check for your checking account or a deposit slip for your savings account and return this form via —

Mail: Brethren Benefit Trust Inc., 1505 Dundee Ave., Elgin, IL 60120

Fax: 847-742-6336 or **Email:** insurance@cobbt.org

For Office Use Only

- Startup Request or
- Change Request

Amount: \$ _____

Effective Date: _____

Entered by: _____ Date: _____

Verified by: _____ Date: _____