



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

**Please attach a voided check for your checking account or a deposit slip for your savings account.**

## TO BE COMPLETED BY THE PLAN MEMBER OR EMPLOYER

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 Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Or Employer 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 Member (or Employer Representative)

\_\_\_\_\_  
 Date

**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

Effective Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_