



**Benetech**  
 benefits • payroll • hr

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 Toll Free: 800-698-4753  
 F: (518) 283-2393  
[www.benetechadvantage.com](http://www.benetechadvantage.com)

## Premium Payment Authorization Form

### AUTOMATIC MONTHLY DEDUCTION

**PARTICIPANT INFORMATION**

Employer (Company/Group) Name: \_\_\_\_\_

Participant Full Name: \_\_\_\_\_  
 (Exactly as it appears on the checking account.)

Participant Social Security Number: \_\_\_\_\_

Participant Phone Number: \_\_\_\_\_

**ACCOUNT INFORMATION**

Bank Name: \_\_\_\_\_

Branch Location: \_\_\_\_\_

Branch Full Address: \_\_\_\_\_

\_\_\_\_\_

Branch Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**AGREEMENT**

I hereby authorize Benetech to deduct applicable healthcare premium payments from the bank account listed above on a monthly basis. I understand that I may discontinue this payment service at any time by notifying Benetech at least thirty (30) days prior to the payment due date. I also understand that the amount deducted from my account may change if I add or delete a dependent(s) or in the event of a premium change to my plan. I agree that I am solely responsible to maintain sufficient funds in the account to ensure monthly premiums can be deducted on the 15<sup>th</sup> of each month (or the first business day thereafter if the 15<sup>th</sup> is on a weekend or bank holiday).

Further, I understand that if the transfer is returned for any reason, I will be invoiced for the total amount due. If there are two (2) returned transfers on the account I will be billed for the premiums due as well as any banking fees incurred, and thereafter will be required to submit money orders as payment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be an authorized signer on the checking account.)

**\*Participant must include a voided or cancelled check with the account information above to complete this authorization.**

Mail the completed form and check to:

Benetech, Inc.  
 ATTN: Sheila Hand  
 One Dodge Street  
 North Greenbush, NY 12198

Call Customer Service at (518) 283-8500 option 4 with any questions or to terminate this authorization. Once Electronic Transfers start you will no longer receive an invoice each month. Invoices will be generated only for rate changes or returned transfers.