

INDIVIDUAL ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

GROUP NAME:	
CUSTOMER NUMBER:	
CUSTOMER NAME:	
SOCIAL SECURITY NUMBER:	
PARTICIPANT ADDRESS:	

SELECT THIS BOX TO AUTHORIZE AS INVOICE/PREMIUM EFT PAYMENT	<input type="checkbox"/>
NAME OF FINANCIAL INSTITUTION:	
BANK ROUTING NUMBER:	
BANK ACCOUNT NUMBER:	
ACCOUNT NAME:	
ACCOUNT TYPE:	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT

IF ELECTRONIC DEBIT AUTHORIZATION (EDA) IS REQUIRED, INSTRUCT FINANCIAL INSTITUTION TO SET THE AUTHORIZATION AS:	
SUBMITTING BANK (ODFI):	Dollar Bank
COMPANY NAME (ACCT NAME):	Benefit Coordinators Corporation
CONTRACT NUMBER:	2251453488

Please attach a voided check and return this form to:
 Benefit Coordinators Corporation - Attn: Asst. Controller
 Two Robinson Plaza, Suite 200
 Pittsburgh, PA 15205

TERMS: This authority is to remain in full force and effect in conjunction with the Agreement until BCC and the financial institution have received written notification of its termination in such time and in such manner as to afford BCC and the financial institution a reasonable time to act accordingly. In the event that my electronic debit or transfer is returned, I agree that a \$25 returned-item fee will be charged automatically to my account.

SIGNATURE:	DATE:
PRINT NAME:	PHONE: