



**Reformed Benefits Association
Electronic Funds Transfer (EFT)
Authorization Agreement for Debits**

1 Individual or Group Participant

Individual or
Group Participant _____

SSN or Federal ID No. _____

2 Bank Information

Name of Bank: _____

Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Check One: ☐ Savings ☐ Checking NOTE: (Attach copy of "voided" check)

3 Authorization

I (we) _____ ("Individual or Group Participant") hereby authorize Reformed Benefits Association (RBA) to initiate debit for future RBA monthly premium payments to the account indicated above at the financial institution named above ("Bank"), and to debit the same to such account. I (we) authorize my/our financial institution to debit my/our account for these payments. I (we) acknowledge that changes to my or individuals in our group coverage or in the RBA policy or premium rate may change the debit amount. I (we) understand that the monthly charge to my (our) bank account will not exceed the total premium amount designated for the benefits that I (we) have selected.

This authorization is to remain in full force and effect until RBA has received written notification from the Individual or Group Participant named above, at the address provided below, of its termination in such time and in such manner as to afford RBA and Bank a reasonable opportunity to act on it. Transfers will be made on the 5th of every month, or the following business day. You must notify RBA by the 20th of the month to cancel your transaction.

Individual or Group Participant _____
(Please Print)

Signature of Participant or
Authorized Signature of the RBA Entity _____

Date: _____

Note: To revoke this agreement, the Participant or the RBA entity must send his/her or their revocation in writing to:

**Reformed Benefits Association
4500 60th St SE
Grand Rapids, MI 49512**