



**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 5<sup>th</sup> of every month, or the following business day. You must notify RBA by the 20<sup>th</sup> 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**