

Bank Draft

If bank draft chosen, complete all information requested below.

_____ authorizes Plan Service Provider (Beneliance) to originate credit/debit entries to and from the below named account through the EFT Services provided by Beneliance.

Financial Institution Name (Please Print) _____

Address _____ City _____ State _____ Zip _____

Name on Account _____

Type of Account: Checking Savings

Routing Transit Number

(All nine boxes must be filled)

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Account Number

(Include hyphens, but not spaces and special symbols)

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_____ ATTACH A VOIDED CHECK HERE _____

DO NOT attach a Deposit Slip because deposit slips often do not show all the necessary information

Information provided by (Please Print) _____

Title _____

This authority is to remain in full force and effect until Beneliance and Bank have received written notification of its termination in such time and in such manner as to afford Beneliance and Bank a reasonable opportunity to act upon it.

Signature _____ Date _____ / _____ / _____
mm/dd/yy