



SIGN UP TODAY FOR *MONTHLY AUTO PAY*

The easy and convenient way to pay your bill!

We are pleased to allow you to pay your insurance premiums/contributions through monthly pre-authorized debit transactions at no additional cost. If you would like to take advantage of this payment option, please complete the steps below.

1 COMPLETE MONTHLY AUTO PAY AUTHORIZATION FORM



I hereby authorize Member Benefits (MB) to initiate debit entries and to initiate, if necessary, credit entries as adjustments or any debit entries in error to my account at the Bank (or other Financial Institution) named below. I also authorize said Bank to debit and, if necessary, credit the amount of those entries to my account made payable to the order of MB.

I understand and agree that:

1. My premium/contribution will be drafted on or after the 1st day of each month;
2. This authority is to remain in full force and effective until I provide written notification to MB that I wish to revoke it. I will provide MB thirty (30) days to act on my written notice;
3. MB and/or my Bank may discontinue or revoke this service for any reason ;
4. The initiation of such debit or draft shall constitute due notice of premiums/contributions being due for a policy of insurance on my behalf and/or on behalf of my eligible dependents. Should my Bank dishonor any such debit or draft for any reason, it will be my responsibility to make payment arrangement with MB within the grace period to prevent lapse or possible termination due to nonpayment. MB will not be held responsible for a policy lapse or cancellation due to nonpayment if withdrawal is prepared and not honored for any reason and amount due is not paid; and
5. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

ACCOUNT HOLDER INFORMATION (premium payor)

Name of Insured/Employer

Name of Bank or Financial Institution

Name (s) as Appears on Account

City

ST

Zip Code

X

Signature of Payor (must be identical to bank account)

Signature (If it is a joint account, both signatures are required)

2 ATTACH VOIDED CHECK HERE



NOTE: If the ACH debit is denied by your bank or financial institution, a \$25 non-refundable service fee will be applied when allowed by law.

3 FAX OR MAIL TO: **MB** | MemberBenefits

Member Benefits, 10739 Deerwood Park Blvd #200-B Jacksonville, FL 32256 | Fax (904) 212-2058

