

Seeds Benefit Administrator (SBA) EFT Debit Approval

Checking Account Withdrawal Form

Please complete this form and attach a **VOIDED BLANK CHECK**

Fax to 760-400-2941 - Mail to PO Box 292479 Phelan CA 92329 or

E-mail: johanne@seedsbenefit.com

Phone: 866-362-4578

Member Name: _____

Telephone # _____

Authorized Signature: _____

Bank Name: _____

Routing #: _____ Checking Acct # _____

Bank Telephone # _____

Monthly Premium \$ _____

Email to notify of monthly drafts: _____

Please attach a voided blank check for account verification

Your account will be debited on the 25th of each month.

Automatic monthly checking account withdrawal is a service that is accepted with the understanding that the automatic withdrawal is a month to month obligation and will continue in effect without Seeds Benefit Administrator (SBA) obtaining further authorization from you. In the event the monthly fee changes, SBA will notify you in writing of such change. This service will remain in effect until SBA receives notification in writing of your intent to cancel.

I understand that if my monthly premium payment debit to my checking account is declined for any reason SBA will bill for all current and past due premiums as well as any fees owed by the first day of the premium billed month. I understand that there will be a declined fee charge of twenty five dollars (\$25) for each monthly premium payment debit that is declined for whatever reason. I understand that SBA shall be under no liability whatsoever even though the declined debit of my checking account may result in the termination of coverage.