

**PART 1 – PARTICIPANT INFORMATION** *(This form is interactive & may be completed by tabbing through the fields)*

Participant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Address \_\_\_\_\_ Daytime Telephone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Employer Group Name \_\_\_\_\_

**PART 2 – FINANCIAL INSTITUTION INFORMATION**

Financial Institution Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_      Checking      Savings

{ ATTACH VOIDED CHECK HERE

**PART 3 –**

**AUTHORIZATION**

This authorization is for automatic debit of monthly insurance premiums (ACH Debit). I hereby authorize EBS/Atlanta to debit the above referenced checking or savings account on the fifth (5<sup>th</sup>) day of each month (or the next business day if the 5<sup>th</sup> falls on a weekend or holiday). This authorization shall remain in effect until EBS/Atlanta receives written cancellation or until end of coverage. The notice of cancellation or change must be received by EBS/Atlanta no later than the 1<sup>st</sup> of the month in which the cancellation or change is to be effective. *(Note: The Financial Institution or EBS/Atlanta may cancel this ACH Debit Agreement upon 10 days notice)*

I further authorize EBS/Atlanta to add a \$2.00 per month processing fee to the amount of my debit for use of this DirectPay option. ***I understand that I must continue to mail my premium payments until such time as I receive written confirmation from EBS/Atlanta notifying me of the effective date that debits will start.***

All entries initiated hereunder are to be governed in all respects by the rules of the Automated Clearinghouse in Atlanta, Georgia, now or hereafter in effect.

**PART 4 –**

**CANCELLATION**

I hereby cancel the Authorization for EBS/Atlanta to electronically debit the checking or savings account above, effective \_\_\_\_\_

**PART 5 – PARTICIPANT'S SIGNATURE** *(Required)*

X \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: EBS/Atlanta, 2500 Northwinds Parkway, Suite 400, Alpharetta, GA 30009 or Fax to: (770) 569-0211

**FOR ADMINISTRATIVE USE ONLY**

Processed By: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 ABA routing Nbr \_\_\_\_\_ Scheduled End Date: \_\_\_\_\_