

## INDIVIDUAL ELECTRONIC FUNDS TRANSFER (EFT)

Group Name: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Select this box to authorize an **Invoice/Premium EFT Payment**

Name of Financial Institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_ ☐ Checking Account ☐ Savings Account

**If Electronic Debit Authorization (EDA) is required, instruct financial institution to set the authorization as:**

**Bank Filter**      *Submitting Bank (ODFI): Dollar Bank*

*Company Name (Acct Name): Benefit Coordinators Corp.*

*Contract Number: 2251453488*

--- Attach Check Here ---

**Please attach a voided check and return this form to:**  
Benefit Coordinators Corporation - Attn: Asst. Controller  
Two Robinson Plaza, Suite 200  
Pittsburgh, PA 15205

**TERMS:** This authority is to remain in full force and effect in conjunction with the Agreement until BCC and the financial institution have received written notification of its termination in such time and in such manner as to afford BCC and the financial institution a reasonable time to act accordingly. In the event that my electronic debit or transfer is returned, I agree that a \$25 returned-item fee will be charged automatically to my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number