

Bank Draft of Fees Authorization Form



Employer: _____

Please use Employee Reimbursement bank account information already on file with ProBenefits

Please use a different bank account:

Bank Name: _____

Account Number: _____

Routing/Transit Number: _____

Authorization

In connection with administration of our Benefits Plan(s), ProBenefits, Inc. is authorized to automatically draft the above bank account for payment of Plan Administrative Fees. It is my understanding that this bank account will be drafted on or around the 5th of each month for all fees currently due. Should I wish to terminate this automatic draft, I will notify ProBenefits in writing of this intent at least one week prior to such termination. The amount billed will be the amount drafted. I understand that I still must submit notifications or changes to ProBenefits. Any changes or adjustments made on the Change Report will be reflected on the next monthly invoice.

In conjunction with administration of our Benefit Plan(s), we agree to guarantee payment of debits drawn against this account. In event a debit is returned to ProBenefits for insufficient funds, we understand that a \$25.00 charge will be assessed on our normal monthly billing.

Authorized by (signature): _____

Authorized by (please print or type): _____

Date: _____