

Save a stamp and avoid late payment fees ...
Utilize our free "Direct Payment by Fax" ACH payment process.

Just three easy steps:

Step 1: Complete the Authorization Agreement Form (below)

Step 2: Xerox a check and mark as "VOID"

Step 3: Fax the form, voided check, and your Estimated Bill to: 1-704-752-4854



The ACH program agreement instructs your bank to debit funds from a designated account to pay your bill. **The authorization form and voided check may be used multiple times; keep a copy and use this form for future payment.** Verify confirmation of fax transmission or call (800) 360-7867 to ensure receipt of fax.



One Product. One State. Focused on You!

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____ Policy #: WC- _____ - _____

I (we) hereby authorize First Benefits Insurance, herein called FBI, to initiate debit entries to my (our):

Checking Account Savings Account (select one) Amount: \$ _____ Date: _____

I hereby authorize **First Benefits Insurance Mutual, Inc.** to initiate a debit entry to my account indicated below and the depository to debit the same such account. This authority is granted for a single transaction only and cannot be used to initiate repetitive debits to the named account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the US law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

1st Name: _____ 2nd Name: _____
(print) (if two signatures required)

Signature: _____ Signature: _____

VOIDED CHECK

Note: Debit Authorizations **MUST** provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

You may be asking, "What is ACH?" It is a transaction in which funds are transferred electronically. NOTE: This plan does not allow for credit card payment.