One Time ACH Payment Authorization

Sign and complete this form to authorize First Benefits Insurance Mutual, Inc. to make a one (1) time debit to your checking or savings account.

By signing this form, you give us permission to debit your account for the amount indicated on or after the date indicated. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize First Benefits Insurance Mutual, Inc. to charge my
(Full Name)

bank account indicated below for $_____ on _____.
(Amount) (Date – mm/dd/yyyy)

This payment is for the monthly workers' compensation premium for:

Name of Insured _____ Policy #_____

Billing Information

Billing Address _____ Phone: _____

City, State, Zip _____ Email: _____

Bank Details

◯ Checking ◯ Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that First Benefits Insurance Mutual, Inc. may, at its discretion, attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute First Benefits Insurance Mutual, Inc. billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

SIGNATURE _____ DATE _____
(Account Holder's Signature)

Address: PO Box 1951 Raleigh, NC 27602-1951 • Phone: (855)-228-4931 • Email:policyserv@firstbenefits.org