

## **DIRECT PAYMENT AUTHORIZATION FORM**

The Pennsylvania Employees Benefit Trust Fund (PEBTF) is pleased to offer you a new service – The Direct Payment Plan. Now you can have your health insurance payments deducted automatically from your checking or savings account.

### **Here's how the plan works:**

You authorize regularly scheduled payments to be made from your checking or savings account. **You will receive a confirmation letter showing when your payments will be deducted from your specified account. Please make sure that you continue to submit your payments either by check or credit card until that time.** Your proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

To take advantage of this service, complete the attached authorization form and return it to:

**PEBTF**  
**ATTN: Accounts Receivable**  
**150 S 43<sup>RD</sup> Street**  
**Suite 1**  
**Harrisburg, PA 17111**

### **All you need to do is:**

1. Circle the account type to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, customer number, financial institution name, location, and date.
3. Attach a voided check for verification of all financial institution information. Also, fill in your account number and routing number.

**Please complete the information below and sign the form.**

**YOUR NAME** \_\_\_\_\_

**CUSTOMER NUMBER (EPEB#)** \_\_\_\_\_

By signing below, you authorize the **Pennsylvania Employees Benefit Trust Fund** to initiate electronic debit entries to the account specified below for payment of your health insurance premium. You understand that you may terminate this authorization by notifying us in writing at the address above by the 15<sup>th</sup> of the month prior to the next payment date. You understand and acknowledge that electronic debit entries are subject to applicable laws, regulations, and/or network rules. To the extent that any electronic debit entry is returned unpaid, you authorize us to re-initiate the entry as permitted by applicable laws and rules. You understand that your financial institution may assess a fee in the event you do not have sufficient funds in your account to pay an electronic debit entry and that we shall have no liability to you for any such fee.

Financial Institution Name:	Financial Institution City And State:
Account Number:	Routing Number:
Account Type (circle one):      Checking      Savings	

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_