

**B4BD FORM
Bank Draft Authorization**



Transaction Allotment Inc

MAIL OR FAX TO:

TAI / PROFESSIONAL BENEFIT ADMINISTRATORS

1130 Hurricane Shoals Road NE, Suite 2300

Lawrenceville, GA 30043

FAX: (770) 963-6126 OR (888) 264-6975

PHONE: (770) 963-3939 OR (800) 578-2082

I hereby authorize Transaction Allotment Inc (TAI) to initiate debit entries to my account indicated below for payments designated by me. I understand that the debits will occur on the 10th of each month. I further understand that any insurance coverage will only be effective upon the date of coverage stated on the respective policy(s) and after premium money has been collected and applied by the insurance carrier.

EMPLOYEE INFORMATION

Social Security Number: _____ / _____ / _____

NAME OF FEDERAL EMPLOYEE: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

CELL PHONE: _____ **HOME PHONE:** _____

EMPLOYER: _____

EMAIL ADDRESS: _____

DISBURSEMENT INFORMATION

PROVIDER	MONTHLY PREMIUM AMOUNT	
PLUS ADMINISTRATIVE FEE:	\$3.00	NON REFUNDABLE FEE FOR EACH DRAFT PROCESSED
TOTAL AMOUNT TO BE DRAFTED:		<i>Debits will occur on the 10th of each month</i>

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

(Voided Check must be attached)

_____ Checking _____ Savings

Account # _____

Bank Routing # _____

SIGNATURES

Signature of Enrollee: _____

Agent (Print): _____ **Date:** _____

This authorization agreement is to remain in effect until TAI and the Financial Institution named above has received written notification from me of its termination in such a timely manner as to afford TAI and your Financial Institution a reasonable opportunity to act on it. I also understand a \$20 fee will be collected from my account on the next debit date should the previous debit be returned by my Financial Institution as Non Sufficient Funds.