



BDA / CCA
Bank Draft / Credit Card
Authorization Form

Mail or Fax to:
TAI / Professional Benefit Administrators
224 Highway 211 NW, Suite B
Winder, GA 30680

FAX: (770) 963-6126 OR (888) 264-6975
PHONE: (770) 963-3939 OR (800) 578-2082

EMPLOYEE INFORMATION			
SOCIAL SECURITY NUMBER: _____ / _____ / _____			
NAME OF FEDERAL EMPLOYEE: _____			
ADDRESS: _____			
Street		City	
ST		ZIP	
CELL/HOME PHONE: _____		EMAIL: _____	
FEDERAL AGENCY: _____			

FINANCIAL INSTITUTION INFORMATION	
Bank Draft Information	Credit Card Information (VISA or MasterCard only)
Bank Name: _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Card # _____
Rtg # _____ (Void Check MUST be Attached)	Expiration date: ____ / ____
Account# _____	Three-digit Security code from back of card: _____

DISBURSEMENT INFORMATION		
PROVIDER	MONTHLY PREMIUM	SPECIAL INSTRUCTIONS:
AFGE 1395 DELTA DENTAL		
PREMIUM SUB-TOTAL:		
NON-REFUNDABLE ADMINISTRATIVE FEE :	\$3.00	(per draft)
TOTAL MONTHLY DEDUCTION:		

SIGNATURES	
Agent (Print): _____	
Agent Phone: _____	Agent Email: _____
<p>I hereby authorize Transaction Allotment Inc (TAI) to initiate debit entries to my account indicated above 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. 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 \$25 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.</p>	
Signature of Enrollee: _____	Date: _____