

Electronic Funds Transfer Form

Instructions: To have your monthly premium deducted directly from your bank account, fill out and submit this form by mail, email or fax to Bethany Benefit Service (see above right for address). Please attach a voided blank check in the space provided below. Please print legibly.

Name (employer or retiree): _____

E-mail: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____

Name on the account: _____

Routing/ABA #: _____ Account #: _____

Month to start: _____ Withdraw funds on: 8th day of month 20th day of month

Name(s) on account and Bethany ID #s: _____

Statement of Authorization. I hereby authorize the Evangelical Covenant Church to automatically withdraw from my checking account the total monthly premium for the account(s) listed above. I understand and accept that this will begin in the month I indicated above and will continue until Bethany Benefit Service receives written notification from me stating this automatic withdrawal should be terminated. I also recognize that withdrawals will be made on the date indicated above or on the first business day after.

Signature: _____ Date: _____

If employer, title of signor: _____

Please attach a voided check here.