



Instructions: To have your monthly premium deducted directly from your bank account, fill out and submit this form by mail, email or fax to Covenant Benefits (see above 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 bank account: _____

Routing/ABA #: _____ Account #: _____

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

Covenant Benefits account ID number: _____

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 Covenant Benefits 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 signer: _____

Please attach a voided check here.