



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: _____

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 or when no premiums are due. I recognize that withdrawals will be made on the 10th of the month (or the first business day after the 10th) and the amount will be reflective of the invoiced amount for the given month.

Signature: _____ Date: _____

If employer, title of signer: _____

Please attach a voided check here.