

ACH Withdrawal Authorization

This option is available for those sending payments to: PO Box 843020, Boston, MA 02284-3020

Agreement Type	___ New Agreement ___ Change Account (please choose one)																
Employee Information	Name on Bank Account _____ Last 4 Soc Sec # XXX-XX-_____																
Please Print	Participant Name _____																
	Employer or Former Employer _____																
	Home Address _____																
	Daytime Phone No. (_____) _____ Email address _____																
Account Information	I authorize Crosby Benefit Systems to withdraw my portion of the monthly premium from my: ___ CHECKING account or ___ SAVINGS account																
Please SIGN	Signed _____ Date _____																
Complete for Checking Account Only	<div style="border: 1px solid black; padding: 10px;"> <p>Please tape a voided check for checking account. (Do not staple.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">John Doe 1000 Main St. Anytown, USA 11111</td> <td style="width: 20%; text-align: center; vertical-align: middle;">V - O - I - D</td> <td style="width: 20%; text-align: right;">Date: _____ 1245</td> </tr> <tr> <td colspan="2">Pay to the Order Of: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: center;">PLEASE TAPE A VOIDED CHECK HERE</td> </tr> <tr> <td colspan="3">Memo _____</td> </tr> <tr> <td colspan="3"> 123456789 00111 11111 1245</td> </tr> </table> </div>		John Doe 1000 Main St. Anytown, USA 11111	V - O - I - D	Date: _____ 1245	Pay to the Order Of: _____		\$ _____	PLEASE TAPE A VOIDED CHECK HERE			Memo _____			123456789 00111 11111 1245		
John Doe 1000 Main St. Anytown, USA 11111	V - O - I - D	Date: _____ 1245															
Pay to the Order Of: _____		\$ _____															
PLEASE TAPE A VOIDED CHECK HERE																	
Memo _____																	
123456789 00111 11111 1245																	
Complete for Savings Account	For Savings Account: Routing/Transit Number: _____ Savings Account Number: _____ <i>Or attach a bank letter with savings routing and account number</i>																
Submission Information	Fax completed forms to: 617-928-0001	Or mail to: ACH Withdrawal Crosby Benefit Systems, Inc. PO Box 843020 Boston, MA 02284-3020															
Cancellation Information	To stop transfers, notify Crosby in writing at least two weeks prior to the 5 th of the month in which you wish to stop the ACH withdrawal. Please provide the date on which this request is to be effective. Crosby will remove you from the ACH transfer system and you must begin paying premiums by mailing a check.																
For Admin Use Only	Set Up (name) _____ Date Received ___/___/___ Date Set Up ___/___/___ Paid Thru Date ___/___/___ Contacted Participant Y N Amount due: \$ _____ Missing Information _____																

