



P.O. Box 11657 Pleasanton, CA 94588 888-EBS-CSR0 888-327-2770 fax 925-460-3920

Cancellation of Authorization Agreement for Automated Debit Transactions (ADT)

Use this form to:

Customer Service e-mail: custserv@ebsbenefits.com

- Terminate participation in the ADT program

Employee Benefit Specialists (EBS), Inc. is hereby notified to cancel previous authorization to process debit entries to the bank account identified in earlier correspondence. I understand that I must make alternative payment arrangements if I have current benefit premiums due.

Contact and Bank Information:

Complete all the blocks in this section

Your Name:		SSN: _____ - _____ - _____	
Street Address:			
City	State	Zip	Effective Date of This Cancellation: / /
E-mail Address:	Daytime Phone: ()	Employer Name:	

IMPORTANT INFORMATION

- EBS will make every effort to stop your debit authorization within 5 business days from the date of receipt of this notice, or if notified in a timely manner, on the date you referenced above. Please consider the time it takes to get to EBS via mail, or fax this form to EBS Customer Service at 925-460-3929.
- Upon cancellation of this service, EBS will not accept liability for payment of benefit premiums, late payment fees, cancellation of benefit(s), or changes in eligibility status. Alternate payment arrangements must be made if you wish to remain eligible for benefits under the plan of which you are currently participating.
 - > Bank charges incurred by you, or by EBS, to facilitate any previously authorized transactions, are your sole responsibility.
 - > In the case that this benefit payment method (ADT) was used for COBRA, or other time sensitive benefit payments, and if EBS has not successfully collected the amount owed by the due date for that benefit, you will not have additional time to make that payment; you will be required to have your payment to EBS in the time allotted, or cancellation of your benefit is to be expected depending on the plan participation rules for your plan.

Signature: _____

Date: _____