



PO Box 11657 \* Pleasanton, CA 94588  
 www.ebsbenefits.com  
 Customer Service e-mail: custserv@ebsbenefits.com > Change your contact information

**Use this form to:**  
 > Register for participation in the ADT program  
 > Change bank account for ADT transactions

## Authorization Agreement for Automatic Debit Transactions (ADT)

Employee Benefit Specialists (EBS), Inc. is hereby authorized to process debit entries to the bank account identified below upon initiation of this signed authorization. This authority is to remain in full force until ADT payments are no longer required for my benefit program, or until I terminate my participation in the ADT program, in writing. A form to terminate this authorization is available on the EBS website or from EBS Customer Service. I understand that this authorization will terminate automatically if my banking institution denies two consecutive debit transactions for insufficient funds or a closed account.

Check appropriate box:    New ADT account                      Change Bank Account                      Change Contact Information

### CONTACT AND BANK INFORMATION:

Complete all the blocks in this section.

Your Name			SSN		
Street Address:				Amount:	
City	State	Zip	Day of month for Debit: check one		
e-mail address:		Daytime phone ( )	Employer Name:		
Bank Name and Address:			Effective Date of this authorization: <i>default is 5 business days from date of receipt of authorization.</i>		
Account Number:	Transit and Routing Number:		Check type of account:		
			<input type="checkbox"/> checking <input type="checkbox"/> savings		

### IMPORTANT INFORMATION – SEND this form with a copy of a VOIDED CHECK

- Your bank account will be debited on the same day each month. The choices are the 1<sup>st</sup> of the month, the 6<sup>th</sup>, or the 14<sup>th</sup>. Choose the date (in space provided above) that best suits your payment needs. **If you do not choose a date, your account will be debited on the 1st of each month.**
  - Allow at least 5 business days, from the date of receipt of this form, for EBS to enter this information into the ADT system.
  - Remember to choose an effective date that will not make your payment late (after your payment due date) to avoid benefit cancellation or changes to your eligibility status.
- EBS will debit your account for the amount of premium due for your benefit election(s). You were sent notification as to the cost of those benefits.
  - If you dispute the debited amount, please immediately contact EBS for assistance.
  - If you need to make a change in benefit coverage, contact EBS and follow the proper procedure to do so. EBS will automatically change the benefit premium to be debited to the current election (this includes open enrollment changes).

Initials \_\_\_\_\_



Employee Benefit Specialists

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### Authorization for Automated Debit Transactions (ADT) *continued*

- If the day of the month on which your account is to be debited, falls on a weekend or banking holiday, the debit transaction will be done on the first business day following that date.
- You are entirely responsible to see that funds are available for this debit transaction. EBS will not accept liability for late payment fees, cancellation of benefit, or change in eligibility status, if funds are not available for debit transaction.
  - **If you do not have sufficient funds available (NSF)**, EBS will attempt to make another debit on an alternate date that month, within 7 days of first attempt. If EBS is still unable to collect funds, your benefit premium account will be noted for nonpayment. The bank charges incurred by EBS for the NSF transactions will be passed on to you. If you have more than 2 consecutive months with insufficient funds, this authorization for debiting your account will be terminated by EBS, and you will be required to make alternative arrangements for paying your benefit premium (i.e. check or money order sent in by due date).
  - **If your account is closed**, or you do not have funds available for the debit transaction; you are solely responsible to see that EBS receives your benefit premiums by the due date, by an alternate payment transaction. (i.e. check or money order) It is your responsibility to contact EBS to arrange this payment.
  - **Bank charges** incurred by you, or by EBS, to facilitate banking transactions, are your sole responsibility. If you do not have funds available in your account, you will incur a fee payable to EBS in the next debit or this amount will be deducted from payments made to EBS to satisfy benefit premiums. This amount will not exceed the amount charged to EBS directly by the bank.
  - **EBS is not responsible for sending notification** that we were unable to collect your benefit premium. It is your responsibility to check your account status. It is critical that your contact information and bank account information be kept up to date.
  - If you are paying COBRA, or other time sensitive benefit premiums, 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.
  - **To cancel this authorization**, you must do so in writing. You may contact EBS customer service for the appropriate form, or visit our web site, or you may prepare your own letter explaining your desire to cancel.

If you have any questions about this form or the transactions to be conducted by use of this authorization, please contact EBS Customer Service. Customer Service can be reached by e-mail at [custserv@ebsbenefits.com](mailto:custserv@ebsbenefits.com) or by calling 800-229-7683, Monday thru Friday, 8 am to 5pm PST.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EBS use only:**

Date recv'd	Date entered	Amount	Initials