

Mail or Fax to: TAI / Professional Benefit Administrators

1130 Hurricane Shoals Road NE Ste 2300 Lawrenceville, GA 30043 FAX: (770) 963-6126 OR (888) 264-6975 PHONE: (770) 963-3939 OR (800) 578-2082

EMPLOYEE INFORMATION					
SOCIAL SECURITY NUMBER:		/	1		
SOCIAL SECORT I NUMBER.		/	/		
NAME OF FEDERAL EMPLOYEE:					
ADDRESS:					
	Street		City	ST	ZIP
CELL/HOME PHONE:		EMAIL:			

FEDERAL AGENCY:

FINANCIAL INSTITUTION INFORMATION

Name of Bank to be Drafted: _____ Savings ____ Checking ____ Savings ____

 Routing # ____ ___ ___ ___ ___ ___ ___ (Voided Check MUST be Attached)

Account# ____

 DISBURSEMENT INFORMATION

 PROVIDER
 MONTHLY PREMIUM
 SPECIAL INSTRUCTIONS:

 Image: Image:

Agent (Print): Agent Phone: Agent Email: I hereby authorize Transaction Allotment Inc (TAI) to initiate debit entries to my account indicated above for payments designated by me. I understand that the debits will occur on the 10th of each month. I further understand that any insurance coverage will only be effective upon the date of coverage stated on the respective policy(s) and after premium money has been collected and applied by the insurance carrier. This authorization agreement is to remain in effect until TAI and the Financial Institution named above has received written notification from me of its termination in such a timely manner as to afford TAI and your Financial Institution a reasonable opportunity to act on it. I also understand a \$20 fee will be collected from my account on the next debit date should the previous debit be returned by my Financial Institution as Non Sufficient Funds. Signature of Enrollee: Date: