



EARLY ALLOTMENT REIMBURSEMENT FORM

Today's Date: _____

Reason for Reimbursement: _____ Loan Cancelled
_____ Allotment started too early

Date allotment deducted from paycheck: _____

Because the allotment system began before intended, the undersigned requests those early allotment funds be reimbursed by way of an ACH transfer to the financial institution and account provided below.

-Please Print Legibly-

Name _____

SSN _____

Bank Payment amount \$ _____

-Your Personal Banking Information-

Bank/Financial Institution _____

Bank Routing # (9 digits) _____

Account# _____

My signature below confirms my authorization for Transaction Allotment Inc (TAI) to ACH early allotted funds to the above listed bank and account.

Signature

Date

Printed Name

Daytime Phone #

PBA/Transaction Allotment Inc
Phone: 1-800-578-2082
Email: info@pbainsurance.net
Fax: 1-888-264-6975