PDA

Payroll Deduction Authorization Form

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: / /

NAME OF FEDERAL EMPLOYEE:

ADDRESS:

Street City ST ZIP

CELL/HOME PHONE: EMAIL:

FEDERAL AGENCY:

PAYROLL DEDUCTION INFORMATION

Bank Routing: 061000227

Allottee's Acct # (ADD *last 4* digits of SS#)

8	7	7	6	7	8	2	5	7	7	8	2	7				

Type of Depositor Acct: CHECKING

Total Biwkly Payroll Deduction: _____ (from total below)

To initiate the Payroll Deduction Process, please provide the following:

ID# _____ PIN#/PASSWORD_____

DISBURSEMENT INFORMATION

PROVIDER	BIWEEKLY PREMIUM		SPECIAL INSTRUCTIONS:
PREMIUM SUB-TOTAL:			
NON-REFUNDABLE ADMINISTRATIVE FEE :	$2.50		(per allotment processed)
TOTAL BIWKLY PAYROLL DEDUCTION:			Round UP for all Federal Agencies- EXCEPT Postal (enter amount above in Payroll Deduction Information)

SIGNATURES

Agent (Print):

Agent Phone: Agent Email:

I hereby authorize Transaction Allotment Inc (TAI) to receive my payroll deduction into their Wells Fargo Account (identified by my Social Security Number), and indicated above in the Biweekly Allotment Amount. I also authorize TAI to distribute that amount as indicated above. I further authorize TAI to disclose my Social Security Number and other nonpublic personal information to third parties as necessary to effect and administer the services to be performed by TAI hereunder. I further agree that if my employer fails to deduct and/or transmit the required payments, whether intentionally, inadvertently or otherwise, TAI shall have no liability whatsoever with respect thereto even though such failure results in the forfeiture of any and all insurance policies or contracts. 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. Rev 12/6/11

Signature of Enrollee: Date: