



BDA / CCA
Bank Draft / Credit Card
Authorization Form

Mail or Fax to:
 TAI / Professional Benefit Administrators
 31 S Center St
 Winder GA 30680-3457

FAX: (770) 963-6126 OR (888) 264-6975
 PHONE: (770) 963-3939 OR (800) 578-2082

EMAIL: info@pbainsurance.net

EMPLOYEE INFORMATION			
SOCIAL SECURITY NUMBER:			DOB:
NAME OF EMPLOYEE:			
ADDRESS:			
STREET	CITY	ST	ZIP
CELL/HOME PHONE:	EMAIL:		
FEDERAL AGENCY/EMPLOYER:	Draft Date: 1st _____		10th _____

FINANCIAL INSTITUTION INFORMATION	
BANK DRAFT INFORMATION	CREDIT CARD INFORMATION
BANK NAME: _____ CHECKING ____ SAVINGS ____	CARD NUMBER:
ROUTING NUMBER: _____ (Void Check MUST be Attached)	EXPIRATION DATE:
ACCOUNT NUMBER:	SECURITY CODE (CVV):

DISBURSEMENT INFORMATION		
PROVIDER	MONTHLY PREMIUM	SPECIAL INSTRUCTIONS:
PREMIUM SUB-TOTAL:		
NON-REFUNDABLE ADMINISTRATIVE FEE:	\$5.00	(per draft)
TOTAL MONTHLY DEDUCTION:		* A 3.5% processing fee will be added if using a credit or debit card.

SIGNATURES	
Agent (Print):	
Agent Phone:	Agent Email:
<p>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, and that a 3.5% processing fee will be added if using a credit or debit card. 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 \$25 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.</p>	
Signature of Enrollee:	Date:

