BDA / CCA

Bank Draft / Credit Card Authorization Form

TAI / Professional Benefit Administrators
31 S Center St
Winder GA 30680-3457

Submit your form using our secure link: www.pbainsurance.net/submitforms

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

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER: **DOB:**

NAME OF EMPLOYEE:

ADDRESS:

STREET CITY ST ZIP

CELL/HOME PHONE: **EMAIL:**

AGENCY/EMPLOYER/ORGANIZATION: **Draft Date:** 1st ☐ 10th ☐

FINANCIAL INSTITUTION INFORMATION

BANK DRAFT INFORMATION

BANK NAME: _____ **CHECKING** ☐ **SAVINGS** ☐

ROUTING NUMBER: _____ (Void Check MUST be Attached)

ACCOUNT NUMBER:

TO MAKE A CREDIT CARD PAYMENT CONTACT:

Professional Benefits at 800-578-2082

to speak with a representative.

***Cash Discount ($5) is not available to credit card payments.**

DISBURSEMENT INFORMATION

PROVIDER	MONTHLY PREMIUM	SPECIAL INSTRUCTIONS:
PREMIUM SUB-TOTAL:		
NON-REFUNDABLE ADMINISTRATIVE FEE :	**$10.00**	(per draft)
CASH DISCOUNT :		(Enter -$5.00 for BD, leave blank for CC)
TOTAL MONTHLY DEDUCTION:		

SIGNATURES

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, and that cash discount only applies to bank draft payments. 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.

Signature of Enrollee: **Date:**