

CSEA EBF  
PO Box 516  
Latham, NY 12110-0516



Administrative Use Only

## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard or Discover Card.

### How Recurring Payments Work:

You authorize regularly scheduled charges to electronically transfer from your checking/savings account OR bill to your credit card for each billing period. You will be charged the monthly rate for the program(s) you elected. The EBF will notify you if the deduction date OR amount changes at least 10 days *prior* to the payment being collected.

Please complete the information below

CSEA EBF ID # \_\_\_\_\_

I \_\_\_\_\_ authorize **CSEA Employee Benefit Fund** to charge my account in the amount of \$\_\_\_\_\_ on the 1<sup>st</sup> day of each month for payment of my benefits via credit card and 1<sup>st</sup> business day of each month for payment by checking/savings account.

Name: \_\_\_\_\_ Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

### Please choose one option

#### Checking/Savings Account

Checking  Savings

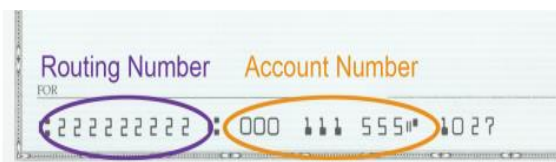
Name on account \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Amount \$ \_\_\_\_\_

**Please attach a copy of a voided check**

#### Credit Card

Visa  MasterCard  Discover

Cardholder Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
CVV \_\_\_\_\_  
(3 digit # on back of card)  
Amount \$ \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I acknowledge that the origination of credit card or ACH (debit) transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have canceled it in writing.