CSEA EBF PO Box 516 Latham NY 12110-0516



| Administrative Use Only |
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Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard or Discover Card. Deductions will begin following the payment of your initial bill.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

| Note: A \$20 charge will be imposed for each payment declined by the bank. | | |
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| 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 st day of each month for payment of my benefits via credit card or 1 st 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 Credit Card | | |
| ☐ Checking ☐ Savings | ☐ Visa ☐ MasterCard ☐ Discover | |
| Name on account Bank Name Account # Bank Routing # Amount \$ Please attach a copy of a voided check or bank letter showing the account + routing number. | Cardholder Name | |
| Routing Number Account Number | | |
| SIGNATURE | DATE | |