CSEA EBF
PO Box 516
Latham NY 12110-0516

CSEA NEW YORK
Employee Benefit Fund

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. 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.

Please complete the information below

CSEA EBF ID #___ ___ ___ ___ ___ ___ ___ ___ ___

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

Name:_____Billing Address_____

City, State, Zip_____Phone #_____

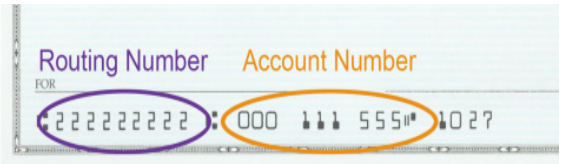
Please choose one option

Checking/Savings Account

☐ Checking ☐ Savings

Name on account_____
Bank Name _____
Account # _____
Bank Routing # _____
Amount $ _____

Please attach a copy of a voided check or bank letter showing the account + routing number.



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.