CSEA EBF
PO Box 516
Latham NY 12110-0516

CSEA NEW YORK
Employee Benefit Fund

CHANGE

Administrative Use Only
_____
_____
_____
_____

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Deductions will begin following the payment of your initial bill.

Note: Deductions are always on the 1st of the month.

Here's How Recurring Payments Work:
You authorize regularly scheduled charges to your checking/savings account. 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. If you need to make changes, after you are on the plan, they must be received by the 15th of the month to take effect by the 1st of the following month.

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 of each month for payment by checking/savings account.

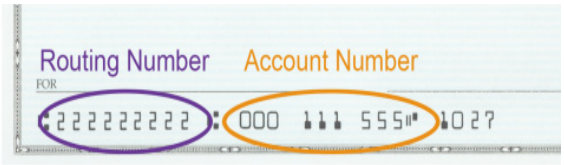
Name:_____Billing Address_____

City, State, Zip_____Phone #_____

☐ 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.



SIGNATURE _____ DATE _____

I acknowledge that the origination of 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.