

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. 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.

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 and 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

Credit Card

Visa MasterCard Discover

Cardholder Name _____

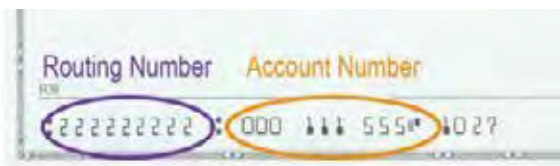
Account Number _____

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.