EFT Form electronic funds transfer

1350 Broadway, Suite 2201 / New York, NY 10018 phone 800.628.8889 / fax 845.357.3612



request and authorization for bank payment plan

It's the simplest method of paying your premium. No more checks to write! It's automatic and reliable. We call it electronic funds transfer (EFT for short). It allows for peace of mind however you do business — whether it's online or through the mail.

- Online: Groups that receive invoices online, you have the freedom to choose when we debit your account. When you're ready, just visit our website, ameritasgroup.com/NY, sign into your secure account and click PAY BILL. We'll draft your premium payment right away.
- Mail: Groups that receive their invoices through the mail, just authorize us to debit your account each month and we'll do the rest. It's the forget-proof method of paying your premium.

authorized agreement for prearranged payments (debits)

Group Policy #	Phone #	
Policyholder Name		
Policyholder Contact		
New AuthorizationChecking Account	-	
	rance Corp. of New York to initiate debit entries to the account number called BANK, to debit the same to such account. Draft day will be on c yholder.	
Bank Account Number	Bank Routing Number (9 digits)	
Bank Name		
Account Name		
Address		
City		
Phone Number of Financial Instituti	n	

To ensure a timely and effective setup, it is necessary to send a voided check with this request.

This authorization is to remain in full force and in effect until BANK has received written notification of its termination in such time and such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to have the amount of an erroneous debit immediately credited to his/her account by BANK up to 15 days following issuance of statement of account or 45 days after the charge, whichever comes first.

Name (Print)	Title of Authorized Signer
Signature	
Date	Federal Tax ID#

Please keep a copy of this form for your records.