



COBRA Payment Authorization Agreement for Direct Payment (ACH Credits)

Company Name

I (we) hereby authorize Small Business Insurance Services, LLC, hereinafter called COMPANY, to initiate credit entries to my (our) checking account or savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the previous provisions of the United States law.

Account Type (please choose one)

Checking

Savings

Depository Name

Branch

City/State

Zip Code

Routing Number

Account Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name

Title

Date

Signature

Note: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Submit to membercare@sbam.org or sbam.org/freshdesk.
