AutoPay

Domestic Partner AutoPay Application Form

Name:_____ **SS#:**_____
(Please Print)
Address:_____ **Phone: (____)**_____

City:_____

State:_____ **Zip:**_____

I authorize BeneSys Administrators to begin automatic deduct the cost of domestic partner taxes from my account with the financial institution (bank) named below:

[ ] Checking Account [ ] Savings Account

Bank Name:_____

Name(s) on Account:

_____

Bank Account Number:_____

Bank ABA Routing Number: _____

Authorized Signature:_____ Date:_____

This authorization shall remain in effect until canceled.

Don't forget to include a voided blank check with this application form.

Administered by

BeneSys Administrators
for the IBU Health Trust – medical plan