NBIS / ELEA Preauthorized Payments for the ELEA Group Benefits Plan This is ONE form for all employees, drawn on Church/School account

<u>Direct Withdrawal Authorization Form</u> – Each month, ye payments are never a concern. There is no check to w		so timely
Type of Account: Checking Savings		
Debit Date: 6th of the month		
Name of School/Church		
Daytime Telephone Number ()	Fax ()	
Mailing AddressStreet		
Street	City State Zip	Code
Name on Account		
Name of Bank		
Bank Telephone Number ()		
Bank Routing Number (9 digits)		
Bank Account Number		
I authorize NANCY BOND INSURANCE SERVICES to in previous debits) from my account with the financial ins		fits.
Authorized Signature – as it appears in the financial in	stitution's records.	
X Date		
	First Monthly Premium:	\$
	Administrative Fee of \$1.00 per person: Total Premium Enclosed pay to NBIS:	\$ \$

Please mail to: NBIS 201 West Lemon Ave., Monrovia, CA 91016 Toll Free (800) 685-4519