



Automated Clearing House (ACH) Premium Withdrawal Request

TBS-Fax Number: 425-777-4553

TBS-Email Address: billing@tbsmq.com

A. Business Information

Business Name:

B. Contact Information

1. Contact Name:

2. Daytime Telephone Number:

3. Contact Address:

4. City:

5. State:

6. Zip Code:

7. Country:

8. E-Mail Address:

9. Re-Type E-Mail Address:

C. Premium Information

Premium Payment Amount

\$

D. Bank Information

1. Bank Account Type:

CHECKING

(at this time we do not accept funds from savings accounts)

2. Account Holder Name:

(must match the name as it appears on the actual check)

3. Routing Number:

(first 9 digits found on the bottom left of the check)

4. Account Number:

(the number on the bottom right of the check)

E. Authorization

I understand that by completing this form I am authorizing Total Benefit Solutions and/or Total Benefit Solutions representatives to withdraw the **PREMIUM FOR** _____ (month) from my checking account. This is a onetime authorization for this month's premium only.

I understand that this direct payment will be deducted from my checking account within 1 to 2 business days after notification of our group health plan approval. This approval will be send to my agent by Total Benefit Solutions

Sender's Name (Printed)

Sender's Signature

Date Signed (MM/DD/YY)

Contact Telephone Number

**For Internal
Use Only**

Customer Code

Confirmation Number