

MINNESOTA BENEFIT ASSOCIATION ACH AUTHORIZATION FORM

PLEASE RETURN TO START ELECTRONIC FUNDS TRANSFER FOR YOUR NEXT BILL

The undersigned ("Customer") hereby authorizes Minnesota Benefit Association to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any excess debit entries or debit entries made in error, to Customer's account indicated below and the depository named below, to debit and/or credit the same such accounts.

This authority is to remain in full force and effect until terminated by mutual agreement of the parties.

MUNICIPALITY NAME: _____

COUNTY: _____

DEPOSITORY INFORMATION

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING ACCOUNT OR SAVINGS ACCOUNT

COMMERCIAL ACCOUNT OR PERSONAL ACCOUNT

SIGNED BY

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____

Benafica is the Insurance Administrator for Minnesota Benefit Association. By signing this form you give authority to Benafica, LLC to withdraw funds from your account on behalf of Minnesota Benefit Association.

Note: Return this form and an image of a voided check to info@MinnesotaBenefitAssociation.org or fax to 651-739-3265. For questions, please call 651-735-9874.

