



Automatic Bank Draft Authorization Form

Name _____ Last 4 digits of SS# _____

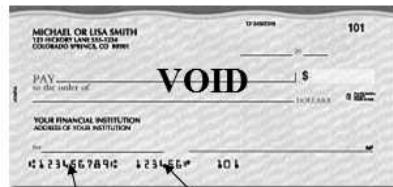
Daytime Phone # _____ Email Address _____

Home Address, City, ST, Zip _____

Financial Institution Name _____

Financial Institution Address _____

ABA Routing Number _____ Account Number _____



Check Example

ABA Routing No.

Your Account No.

Please submit either a voided check or a copy of a check with this form. Do not use a deposit slip.

By signing below I expressly authorize JAG Enterprises, LLC dba BenefitsWorkshop to process a recurring bank draft from the account listed herein to collect any insurance premiums or amounts for purchases that I have made through the Michigan UFCW Local 951 and offered by Neace Lukens. I understand that BenefitsWorkshop is not an insurance company and serves solely in the capacity of collector and remitter of premiums and/or fees for products and/or services that I agree to pay for or purchase.

I agree to notify BenefitsWorkshop in a timely manner if my bank account is closed or the account information changes; or if my street address, email address or phone number changes. I understand that BenefitsWorkshop merely provides payment services and cannot provide information about any insurance products or other purchases. I understand and agree that BenefitsWorkshop shall not be responsible for any charges or expenses that I may incur resulting from overdrawing my bank account as a result of any bank draft generated by BenefitsWorkshop pursuant to this authority.

I understand that this account will be debited each month on or about ten days before the due date. I further understand and agree that BenefitsWorkshop may collect, in addition to any other amounts due and payable, a monthly bank draft convenience fee of \$6.00 per month. Also, if my automatic payment is declined, an additional \$5.00 late fee will be incurred. The automatic debit may be attempted again within ten days of the original transaction date. If the bank draft fails a second time, your insurance may be cancelled. The bank draft process may be discontinued after three failed bank drafts.

This agreement is to remain in full force and effect until BenefitsWorkshop has received written notice from the undersigned of its termination, in such time, and in such manner, as to afford BenefitsWorkshop a reasonable opportunity to act on it.

Submit this form and a voided check to:

BenefitsWorkshop
P.O. Box 24315
Jacksonville, FL 32241

Fax: (904) 880-2830
Phone: (888) 537-3539
Email: info@benefitsWorkshop.com

Signature _____ Date _____