



**AGREEMENT FOR PRE-AUTHORIZED PREMIUM PAYMENTS (Debits)  
TO PAY COBRA, RETIREE, or DIRECT BILL GROUP HEALTH AND/OR DENTAL  
COVERAGE ON A MONTHLY BASIS**

I (we) authorize Employee Benefit Plan Administration, hereafter called **EBPA**, to withdraw (debit) the amount of my (our) monthly COBRA, Retiree or Direct Bill group health and/or dental premium payment from my (our) checking or savings account indicated below and the **Financial Institution** (e.g., bank, credit union, etc.) named below, hereafter called **FINANCIAL INSTITUTION**, to debit the same to such account. Debits will occur the first business day of each month.

This debit is to be **EFFECTIVE:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

Please note: (1<sup>st</sup> month **MUST** be paid by check; effective date can be any date after your 1<sup>st</sup> payment)

Please start deducting my monthly premium(s) from my (our) checking or savings account after my initial premium has been paid by check.

**Note: Initial premium MUST be paid by check. Afterwards, all premiums for health and/or dental will be debited from the same account.**

- Checking account (attach a voided check to the bottom of this form)
- Savings account  
(Obtain the 9 digit ABA routing number from your bank)

**Financial Institution Name:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Financial Institution Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

This authorization is to remain in full force and effect until **EBPA** has received written notification from me (or either of us) of it's termination in such time and in such a manner as to afford **EBPA** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

**Name:** \_\_\_\_\_

**ID.#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Joint Account Holder)

**Telephone Number:** \_\_\_\_\_

**Please mail the completed Authorization Form and a voided check to:**

**EBPA  
P.O. Box 1316  
Williston, VT 05495**

**If you have questions, call 1-888-232-3203**