



ELECTRONIC FUNDS TRANSFER FORM

Innovo Benefits Administration Payment Exchange Authorization
Agreement for Automatic Debits (ACH Debits)



Participant Information

Print Participant Name	Date of Birth	SSN
Participant Address	City	State Zip
Phone	Email	
Policy Number(s)	Ministers Credential Number	

Transfer Information

Select one. Note all ACH transfers will be made on the 25th of each month (or first business day thereafter if it falls on a weekend or holiday). All changes should be received seven (7) business days prior to current ACH processing date.

New EFT Authorization
 Change of Existing EFT Authorization (Requested Change Draft Effective Date: /25/)
Month Year

Banking Information (Please attach a voided check)

Name(s) As They Appear On Your Bank Account	<input type="checkbox"/>	<input type="checkbox"/>
	Checking	Savings
Bank Account Number	Bank ABA Routing Number (9 digits located in bottom left corner of check.)	
Bank Name	Bank Telephone Number	
Bank Address	City	State Zip

Authorization Agreement for Automatic Credits

This will authorize Innovo Benefits Administration, hereinafter called Innovo, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the bank account indicated below for payments due to AG Financial Insurance Solutions. This authorization is to remain in force until AG Financial Insurance Solutions has received written notice of its termination in such time and in such manner as to afford Innovo and your bank a reasonable opportunity to act on it.

This will authorize the bank indicated on the enclosed check for checking accounts or savings deposit ticket for savings accounts, and as listed below, to debit and/or credit the same to the policy(ies).

Participant Signature	Date
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