



# 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
Phone	Email	
Policy Number(s)	Ministers Credential Number	

## Transfer Information

Select one. Note all ACH transfers will be made on the 25<sup>th</sup> 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

Name(s) As They Appear On Your Bank Account	<input type="checkbox"/>	<input type="checkbox"/>	
	Checking	Savings	
Bank Account Number	Bank ABA Routing Number (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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PAY TO THE ORDER OF _____ \$ _____	
_____ Dollars	
980002011	609888194 000
ABA Routing No.	Account No.

Attach here.