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 Effective Date: _____/25/_____)
Month Year

Banking Information (Attach a voided check)

Name(s) As They Appear On Your Bank Account ◯ Checking ◯ Savings

Bank Account Number | Bank ABA Routing Number (9 digits located in bottom left corner of check.)

Bank Name | Bank Telephone Number

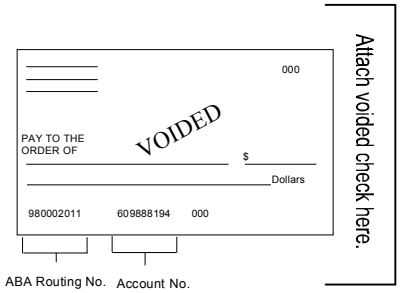
Bank Address | City | State | Zip

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 AGFinancial Insurance. This authorization is to remain in force until AGFinancial Insurance 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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