



1374 East 28th Street
 Brooklyn, NY 11210
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 info@totalben.com

ACH Debit Authorization Form

Please fax to **718-535-7073** or email **achDebit@totalben.com**

Group Information

Business Name: _____

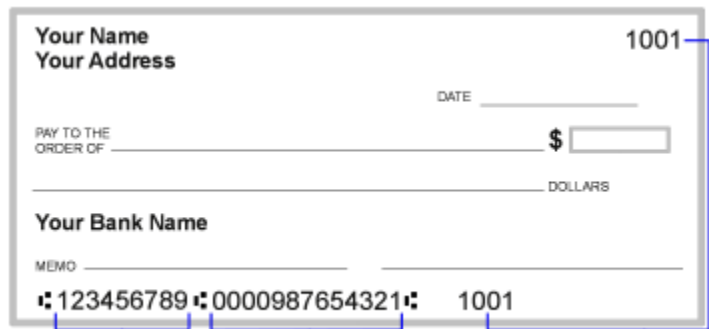
Billing Address: _____

Phone Number: _____ Email Address: _____

Banking Information (please attach a copy of a voided check)

_____	_____	_____
Account Holder Name	Bank Name Bank	City/State
_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number (9 Digits)	Account Number	

I authorize TotalBen LLC to withdraw funds from the bank account indicated above for the purpose of collecting payment for the Transportation Fringe Benefit Plan on a recurring basis, on or about the 21st of each month, for as long as there are active Benny cards for the above titled business. I understand that TotalBen LLC will debit my account for the entire amount of the invoice due. I agree to be bound by the NACHA rules



I understand that this authorization will remain in effect unless a written request for cancellation is received. A minimum of 15 days is required to process any changes to account information or requests to cancel the authorization. I understand that a fee of \$75 will be imposed for any attempted ACH transactions returned for Non-Sufficient Funds (NSF) or any other reason for the debit not completing, including closed accounts. It is my responsibility to notify TotalBen of any changes to my banking arrangements.

Signature: _____ Date: _____

Printed Name: _____ Title: _____