

Beacon Retiree Benefits Group, LLC
an Alera Group Company
710 Main Street, Suite 10
Plantsville, CT 06479
Tel: 860-621-5071 Fax: 860-621-5074

Recurring Payment / ACH Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

Recurring Payments/ACH Will Make Your Life Easier:

- It's convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town)!

Here's How Recurring Payments Work:

You authorize regularly scheduled deductions from your checking or savings account. You will be charged your monthly premium which has been previously communicated to you. The charge will appear on your bank statement as an "ACH Debit." **You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.**

Please note if your ACH Authorization form was received after the 21st of the month, the earliest your Retiree Benefits premium deduction will begin will be the second month following the date received. Please pay your premium payments by check or by other payment options until your deduction begins.

Please complete the information below:

I _____ authorize Beacon Retiree Benefits Group, LLC to deduct from my bank
(full name)

account indicated below on the **10th day** of each month.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking / Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Bank Routing # _____

Account Number _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Beacon Retiree Benefits Group, LLC in writing of any changes in my account information or termination of this authorization. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected, I understand that Beacon Retiree Benefits Group, LLC will charge an additional \$15.00 for each rejected ACH Transaction. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated on this authorization form.