



COBRA DIRECT DEPOSIT AUTHORIZATION FORM

This authorizes American Benefits Group to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account indicated below. This authorizes the financial institution holding the account to post all such entries. We agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law.

The company agrees to monthly verify the funds deposited agree to the monthly COBRA Remittance report that is posted to the COBRA system and to notify American Benefits Group of any discrepancies.

This authorization is to remain in effect until American Benefits Group has received written notification from an authorized representative of the company.

Add Authorization: Effective:	Cancel Authorization *: Effective:	Change Authorization *: Effective:
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**When cancelling or changing your account information, please note we need to receive form at least 15 days prior to the 10th of the month of your request*

BANK ACCOUNT INFORMATION	
Bank Name: (max. 25 characters)	
Account Name: (max. 25 characters)	
Account Type:	Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>
Routing Number:	
Account Number:	

AUTHORIZATION	
Client Legal Entity Name:	
Client DBA: (If applicable)	
Authorized Signature	
Print Name	
Title	
Email	
Date	

Please email completed form to:

New client: implementation@amben.com

Existing client: accounting@amben.com