

**AUTHORIZATION FOR AUTOMATIC WITHDRAWAL
AMERICAN RIVER BENEFIT ADMINISTRATORS ("ARBA")**

Fax 916-486-2615

Authorization for Automatic Withdrawal

I hereby authorize AMERICAN RIVER BENEFIT ADMINISTRATORS ("ARBA") to automatically withdraw my monthly premium(s) from an account held in my name, at the referenced financial institution. I understand that any authorized transfer will be processed through the Automatic Clearing House System (ACH). These transfers will be made on the specified date. If that date is a day on which the Bank and Automated Clearing House are not open for processing such transfers, transfers will be processed on the following business day on which both are open for such transfers. The transaction will appear on your bank statement at "Grenz TPA Insurance Administrators".

Account Name: _____

Account Number: _____ Checking Savings

Routing Number: _____

Withdrawal Date: 5th of the month 15th of the month 20th of the month

*If no indication is made the withdrawal date will be the 5th of the month

This authorization will remain effective until I give a thirty (30) day written notice to the contrary and there has been a reasonable amount of time to act on such notice.

Date: _____ Initial Payment Date: _____ Client # _____

Customer Signature*: _____

PLEASE ATTACH A VOIDED/CANCELLED CHECK HERE