



A. Business Information

Business Name:

B. Contact Information

1. Contact Name:		2. Daytime Telephone Number:	
3. Contact Address:			
4. City:	5. State:	6. Zip Code:	7. Country:
8. E-Mail Address:		9. Re-Type E-Mail Address:	

C. Premium Information

Initial Premium Payment Amount	\$
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D. Bank Information

1. Bank Account Type: (at this time we do not accept funds from savings accounts)	CHECKING
2. Account Holder Name: (must match the name as it appears on the actual check)	
3. Routing Number: (first 9 digits found on the bottom left of the check)	
4. Account Number: (the number on the bottom right of the check)	

E. Authorization

<p>I understand that by completing this form I am authorizing Total Benefit Solutions and/or Total Benefit Solutions representatives to withdraw the FIRST INITIAL PAYMENT from my checking account. This is a one time authorization for the First month premium only.</p> <p>I understand that this direct payment will be deducted from my checking account within 1 to 2 business days after notification of our group health plan approval. This approval will be send to my agent by Total Benefit Solutions</p>	
Sender's Name (Printed)	Sender's Signature
Date Signed (MM/DD/YY)	Contact Telephone Number

For Internal Use Only	PSUID	Confirmation Number
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