



Premium ACH Authorization Form

Please contact Chard Snyder at 888-993-4646 if you need assistance with completing this form. You may also send an email to, cobra_retiree@chard-snyder.com

| EMPLOYEE PROFILE – <i>Please Print Legibly</i> | | |
|--|--|----------|
| Employer Name | | |
| First Name | Home Phone () - | |
| Middle Initial | Work Phone () - | |
| Last Name | Date of Birth (mm/dd/yyyy) / / | |
| Social Security Number | | |
| Email Address | | |
| Address | | |
| City | State | Zip Code |

| BANK ACCOUNT INFORMATION – <i>Please Print Legibly</i> | | |
|---|--|---|
| Account Type (Select One): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name: _____ Bank 9 Digit Routing Number (Include All Zeros): _____ Bank Account Number (Include All Zeros): _____ | Select One: <input type="checkbox"/> Begin ACH Deductions <input type="checkbox"/> Change Bank Information | <u>Month and Day to Begin Deductions:</u> _____ |

| EMPLOYEE AUTHORIZATION & ACKNOWLEDGEMENT | |
|---|--------------------|
| <ul style="list-style-type: none"> ▪ My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose. ▪ I permit Chard Snyder to initiate electronic debit entries based upon the supplied bank information above and allow them to deduct the appropriate amount due each month to keep my account up to date and in good standing. ▪ I will not hold Chard Snyder responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me. ▪ Chard Snyder reserves the right to collect a \$30 processing fee for transaction returns and reserves the right to periodically change this fee. -Chard Snyder is not responsible for any fees that may be incurred and charged to me by my financial institution. ▪ My direct deposit may be terminated by any of the following: a written or verbal cancellation request submitted by me, more than 2 failed bank transactions due to: incorrect bank information, Non-Sufficient Funds, Stop Payments and Account Closure(s). I hereby agree to and understand the information on this form and authorize Chard Snyder to complete my request. | |
| Signature | Date / / |

| SEND THIS COMPLETED FORM TO CHARD SNYDER VIA: | | |
|---|--|---|
| Email: cobra_retiree@chard-snyder.com | Fax (Do not include cover page): 513.459.9947 888.245.8452 | Mail: 3510 Irwin Simpson Rd., Mason, OH 45040 |