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A Division of Educators Benefit Consultants, LLC ("EBC")

Authorization for ACH Debit

Company Name: _____ Date: _____

Company Address: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

I authorize Aviben to initiate debit entries to the below listed account. This authority will remain in effect until I notify Aviben in writing to cancel it in such time as to afford them a reasonable opportunity to act on such direction. I understand I can stop payment of any entry by notifying my financial institution 3 business days before my account is charged. Aviben will be instructed as to the amounts of each debit entry, and may also initiate credit entries, if necessary, to adjust or credit any debit entries made in error to the account indicated below.

Your Financial Institution: _____

Account Number: _____ Routing Number: _____

Authorized Signature: _____ Title: _____

Please return to Aviben:

By Upload: <https://ebcsolutions.sharefile.com/r-r8cb97325466f41d7b840d24c7e56258a>

By Mail

Aviben
Attn: Aviben
1995 E Rum River Dr S
Cambridge, MN 55008

By Fax

(763) 689-6685

Attach Voided Check Here