Print Clear

Authorization for ACH Debit/Credit

Company Name: _____ **Date:** _____

Company Address: _____

Contact Person: _____ **Phone Number:** _____

Email Address: _____

I authorize Aviben and its associated banks and trust companies to initiate debit and/or credit entries to the account listed below. This authority will remain in effect until I provide Aviben written notice of cancellation in time to afford Aviben a reasonable opportunity to act on the notice. I understand that I can stop payment of any entry by notifying my financial institution at least three business days before my account is charged. Aviben may initiate debit and/or credit entries, if necessary, to adjust any debits or credits made in error against the account indicated below.

Your Financial Institution Name & Address: _____

Account Name: _____ **Account Number:** _____

ACH Routing Number: _____ **Account Type:** Checking ☐ Savings ☐

Signature: _____

Printed Name: _____ **Title:** _____

Please return to Aviben via one of the following means:

By Mail	By Fax		By Email
Aviben 1995 E. Rum River Dr. S. Cambridge, MN 55008	403(b): Health Benefits (HRA, FSA, HSA, etc.)	763-689-6685 763-552-6055	403bsupport@aviben.com claimsupport@aviben.com

Attach Voided Check Here

1995 E. Rum River Dr. S. Cambridge, MN 55008
Phone: 763-552-6053 Email: info@aviben.com