CHRISTIAN BROTHERS SERVICES
Understanding Protecting Guiding
1205 Windham Parkway
Romeoville, IL 60446-1679

Health Benefit Services
630.378.2900 • 800.807.0100 • 630.378.2504 fax
info@cbservices.org • cbservices.org

AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFERS

Name:_____

I hereby authorize Christian Brothers Services to initiate ACH entries to be deducted monthly from my bank account at the depository financial institution named below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Financial Institution Name:_____

Branch:_____

City:_____State_____Zip_____

Bank Routing # : _____ _____ _____ _____ _____ _____ _____ _____ _____

Bank Account #:_____

Deduction Amount: _____

Account Type: ☐ Checking ☐ Savings

//

Signature:_____

Date:_____