



14605 Avion Parkway  
Chantilly, VA 20151  
1-800-336-0100 FAX 703-968-6423  
www.militarybenefit.org

**ELECTRONIC FUNDS TRANSFER for members of MBA**

This service is available only for United States depository institutions and for funds held in U.S. dollars.

To take advantage of EFT, complete the authorizatoin agreement, **attach a voided check, and return to MBA.**

Here's how EFT works:

MBA will debit your personal checking account in the amount due for your premium payment on or after the fifth day of each month. The debit will appear on your monthly statement from your bank.

You may transfer your account to a different bank or another branch of the same bank at any time. You will need to complete a new EFT authorization and submit it to us for processing. Any changes must be received by the 22nd of the month prior to your next deduction.

If there are insufficient funds in your account on the day of the automatic debit, or if the debit is rejected for any reason, your life insurance may lapse and your EFT privilege may be revoked.

**EFT AUTHORIZATION**

I hereby authorize Military Benefit Association to initiate **on or after the fifth day of each month** debit entries to my checking account indicated below and on the attached voided check, and I hereby authorize the depository institute named below to debit the same from my account. Said debits shall be for the amount(s) of my monthly premium payments at the regular rates applicable to these premiums. It is understood that the amounts of these debits will be adjusted by MBA in accordance with any applicable premium increases or decreases.

My premium is due and payable on the first of each month. I agree to have **two months premium** deducted for my **first** EFT payment if I have not enclosed an initial payment with my application. I further agree that if any such debit is dishonored, whether with or without cause and whether intentionally or unintentionally, MBA and the depository institution shall be under no liability whatsoever even if termination of insurance results.

This agreement is to remain in full force and effect until MBA has terminated it upon 60 days notice to me, or received notification from me of its termination in such time and manner as to afford MBA a reasonable opportunity to act on it.

\_\_\_\_\_  
Name and address of bank, Savings & Loan, Credit Union, etc., where you have a personal checking account (attach a voided check)

\_\_\_\_\_  
Routing/Transit Number (First 9 digits from the lower left corner of your personal check). **If your checking account is through a Credit Union, please contact them for the number.**

\_\_\_\_\_  
Checking Account Number

\_\_\_\_\_  
Member's Name (Please Print) Member's Social Security Number

Please deduct my EFT Payments for:

Life Premium       TRICARE Supplement       Both

\_\_\_\_\_  
Signature (as it appears on depository records)

**PLEASE RETAIN A COPY FOR YOUR RECORDS**