

**NBIS / ELEA Preauthorized Payments for the ELEA Group Benefits Plan**  
This is ONE form for all employees, drawn on Church/School account

**Direct Withdrawal Authorization Form** – Each month, your premiums are transferred electronically, so timely payments are never a concern. There is no check to write and no postage to pay.

Type of Account:  Checking  Savings

Debit Date: 6th of the month

Name of School/Church \_\_\_\_\_

Daytime Telephone Number ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Name on Account \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank Telephone Number ( ) \_\_\_\_\_

Bank Routing Number (9 digits) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

I authorize **NANCY BOND INSURANCE SERVICES** to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of ELEA benefits.

Authorized Signature – as it appears in the financial institution's records.

X \_\_\_\_\_ Date \_\_\_\_\_

Please note: the monthly charge will include an Administrative Fee of \$1.00 per employee.

Please fax or email to: **NBIS 201 West Lemon Ave., Monrovia, CA 91016**

**Toll Free** (800) 685-4519

Email: [Jennifer@NancyBondInsurance.com](mailto:Jennifer@NancyBondInsurance.com)

Fax: (626) 599-8579

**THANK YOU FOR PRINTING CAREFULLY!**