

YOUR INFORMATION
Last Name, First Name:
Annual Salary (includes parsonage):
Social Security Number:

Home Address:
City, State Zip:
Phone:
Email:

PAYMENT OPTIONS (select one)		
<input type="checkbox"/> Checking Account	Name as it appears on check:	
	Bank Name:	
	Routing Number (9 digits):	
	Account Number:	

<input type="checkbox"/> Visa  <input type="checkbox"/> MasterCard  <small>**We do not accept Amex or Discover</small>	Name as it appears on card:	
	Credit Card Number:	
	Expiration (MM/YY):	
	Card Security Code (last 3 digits on back of card):	

Signature of Member \_\_\_\_\_

Date \_\_\_\_\_

The premiums for this program are collected in advance of the month that they are due. Premium must be paid via automatic collection by credit card or bank draft. Your initial premium due will be collected within 5 business days of the application. Subsequent premiums will be collected on the 15th of the month prior to the start of the next month. **There will be no invoicing of premium; premium will ONLY be collected electronically.** You are authorizing Babbitt Municipalities, Inc. (d.b.a. Group Benefit Associates) to debit a checking account or charge a credit card for the purpose of collecting premiums for the supplemental benefits.