



THE MUTUAL BENEFICIAL ASSOCIATION, INC.

1301 Lancaster Avenue • Suite 102 • Berwyn, PA 19312-1290
(610) 722-0253 • (800) 456-0402 • (610) 722-0256 (FAX)

ELECTRONIC PAYMENT AUTHORIZATION

You may choose to pay by Electronic Funds Transfer from a specified checking or savings account OR by a Recurring Credit/Debit Card payment with a Visa® or MasterCard® or Discover® logo. (**Note: Any past due amount *MUST* be submitted by check, money order or credit/debit card with this authorization form.**)

Electronic Funds Transfer (EFT)

Bank Name _____ Bank Routing Number _____
 Account Number _____ Account Type: Checking Savings
 Name (as it appears on financial institution Records) _____
 Address _____ City _____ State _____ Zip _____
 Frequency: Monthly Semi-Annual Annual Individual _____ Group # _____
 Debit date: 5th 20th Amount: \$ _____

I read and agree to the Terms and Conditions for premium payments via Electronic Funds Transfer as designated above. By signing this form I authorize Mutual Beneficial Association, Inc. through Bryn Mawr Trust to initiate the appropriate entries to transfer premium payments. I understand that if I want to cancel or change the transfers I must notify MBA no later than the last day of the month prior to the date of transfer. All transfers will take place on the day of the month I have chosen above or the first working day thereafter.

Signature _____ Date _____ Daytime Phone _____

Return this form with a voided check (checking account) or deposit slip (savings account) and include all past due amounts.

_____ Initial here to use the above account to bring premiums up to date if your account is past due.

Recurring Credit/Debit Card Payment (Visa® or MasterCard® or Discover®)

Cardholder Name (exactly as it appears on card) _____
 Billing Address _____ City _____ State _____ Zip _____
 Credit Card Type: Visa MasterCard Discover
 Card Number _____ Exp. Date _____ Amount: \$ _____
 Frequency: Monthly Semi-Annual Annual Individual _____ Group # _____
 Debit date: 5th 20th E-mail address: _____

I read and agree to the Terms and Conditions for premium payments via the Credit/Debit Card account as designated above. By signing this form I authorize Mutual Beneficial Association, Inc. through Bryn Mawr Trust and Elavon to initiate the appropriate entries to transfer premium payments. I understand that if I want to cancel or change the transfers I must notify MBA no later than the last day of the month prior to the date of transfer. All transfers will take place on the day of the month I have chosen above or the first working day thereafter.

Signature _____ Date _____ Daytime Phone _____

_____ Initial here to use the above account to bring premiums up to date if your account is past due.

I hereby authorize Mutual Beneficial Association, Inc. (MBA) each month on the business day indicated above to charge the above credit/debit card or initiate a debit entry to my checking or savings account from the financial institution listed above. I understand that in the event the original transaction is rejected due to insufficient funds, a \$30 service charge will be directly billed to me. This authorization is to remain in full force and in effect until MBA has received written notification from me of its termination in such time and manner as to afford MBA a reasonable opportunity to act on it. If I terminate my policy with MBA it is my responsibility to notify MBA to discontinue the Electronic Funds Transfer or Recurring Credit/Debit Card Payment.

Signature Date

**Mail to: Mutual Beneficial Association, Inc.
1301 Lancaster Avenue, Suite 102
Berwyn, PA 19312-1290**



THE MUTUAL BENEFICIAL ASSOCIATION, INC.

1301 Lancaster Avenue • Suite 102 • Berwyn, PA 19312-1290

(610) 722-0253 • (800) 456-0402 • (610) 722-0256 (FAX)

ELECTRONIC FUNDS TRANSFER OR RECURRING CREDIT/DEBIT CARD PAYMENT

TERMS & CONDITIONS

(Retain for future reference.)

SIGN UP

To sign up for the Electronic Funds or Recurring Credit/Debit Card Payment Program, please complete the *Electronic Payment Authorization* form and mail to:

Mutual Beneficial Association, Inc.
1301 Lancaster Avenue, Suite 102
Berwyn, PA 19312-1290

If you are selecting Electronic Funds Transfer, you must attach a voided check for your checking account or a deposit slip for your savings account.

ELIGIBILITY

Policyholders are eligible for the Monthly Premium Payment Program if all premiums are paid to date.

START DATE

Automatic electronic payment will begin as soon as your premiums are current.

CHANGES

In order to assure payment without interruption, we must receive notification of changes to the EFT or credit/debit card account designated in the *Electronic Payment Authorization* by the last day of the month prior to your next debit date. This applies whether the changes were implemented by you or your financial institution. If you change financial institutions, you must complete and submit a new *Electronic Payment Authorization* form.

CREDIT/DEBIT CARD EXPIRATION DATE

We must receive any change in expiration date by the last day of the month prior to your next debit date. Please call 1-800-456-0402 or mail your written request to: Mutual Beneficial Association, Inc.; 1301 Lancaster Avenue, Suite 102; Berwyn, PA 19312.

DISALLOWED CHARGES & NON-SUFFICIENT FUNDS

It is your responsibility to assure the availability of funds or credit to complete and fulfill the financial transaction covered by these Terms & Conditions. If either the EFT or credit/debit charge is dishonored, it is your responsibility to make the appropriate premium payment to maintain your insurance. In addition, you will be responsible for a \$30 Returned Item charge.

TERMINATION BY YOU

We must receive any termination of the Authorization and Agreement by you by the last day of the month prior to the next debit date. Please call 1-800-456-0402 or mail your written request to: Mutual Beneficial Association, Inc.; 1301 Lancaster Avenue, Suite 102; Berwyn, PA 19312.