



Southland Benefit Solutions
P.O. Box 3020
Tuscaloosa, AL 35403
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Phone: (205) 343-1250



Pre-Authorized Drafts Authorization Form for Drafting of Group Premium Payments

Company Name _____

Grantee Name on Bank Account _____ Grantee Tax ID _____

Bank Name _____ Bank Contact Name _____

Bank Address _____

Bank Routing Number _____ Bank Account Number _____

You have chosen to participate in Southland Benefit Solution's Pre-Authorized Draft Payment Program. This authorization will allow Southland Benefit Solutions to debit your group's bank account monthly all premium due. **This ACH debit will occur between the 1st and 5th of each month.** An itemized bill will be distributed to the group on or around the 20th of the month prior to scheduled collection date.

If you feel there are any discrepancies, please contact Southland Benefit Solutions at billing@southlandbenefit.com or 205-343-1244.

This form is an authorization agreement for Automated Clearing House (ACH) pre-authorized corporate payments. The signee hereby authorizes Southland Benefit Solutions, LLC (on behalf of the entities it represents) to originate debit and/or credit entries via the ACH to the account indicated above to accept and to debit/credit the amount of such entries to the account.

This authorization will remain in effect until written notification of termination has been given by the Company/Group and that notification has been received by Southland Benefit Solutions, LLC. In addition, Southland Benefit Solutions, LLC, in its discretion, may terminate the group's ability to participate in the Pre-Authorized Draft Payment Program. Any termination will take effect only after all entries originated by Southland Benefit Solutions, LLC have been honored by the Bank.

Company/Group, by its signature, and Southland Benefit Solutions, LLC, by its initiation of a debit authorized here, hereby agree to be bound by the National Automated Clearing House Association (NACHA) rules relating to Corporate Trade payment entries in the administration of these debit entries. Debit entries will be initiated only as authorized by this form. Any issues, objections, or discrepancies regarding the amounts debited will be reported no later than 90 days from debit date in writing to Southland Benefit Solutions, LLC, 2200 Jack Warner Parkway, Suite 150, Tuscaloosa, AL 35401. Failure to deliver such notice within the prescribed period will serve as an absolute waiver by the Company/Group to any and all remedies, causes of action, and other forms of relief arising out of or in connection with each such debit transaction. Southland Benefit Solutions, LLC will then have 30 days in which to respond.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an Insurer or its representative, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

AUTHORIZED COMPANY/GROUP REPRESENTATIVE

Print Name _____ Title _____

Email _____ Phone _____ Fax _____

Signature _____ Date _____

Southland Use Only: Effective Date: _____ Termination Date: _____