



## Direct Debit Enrollment

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Case Number \_\_\_\_\_  
Bank Account Number \_\_\_\_\_  
Bank Routing (ABA) Number \_\_\_\_\_  
Checking ☐ Savings ☐  
Bank Name \_\_\_\_\_  
Bank Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Remember to include a voided check or a letter from the bank that provides verification of the routing and account number.*

I authorize CBIA Service Corp to debit the account specified above for payment of insurance premium due. I understand that I must notify CBIA Service Corp in writing if the account information changes, or to stop the direct debit authorization. I also understand that CBIA Service Corp may charge a \$25 fee for each instance in which there are insufficient funds in the specified bank account when the direct debit transaction occurs.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name and title \_\_\_\_\_

Phone number \_\_\_\_\_

**Fax to:** 860.278.0883

**Mail to:** CBIA Insurance Operations  
350 Church Street  
Hartford CT 06103-1126

**CBIA Service Corp.**

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