



1362 Mellon Road, #100
Hanover, MD 21076
Fax: (410) 846-6420
Email: geba@geba.com
Phone: (410) 657-8060

Member Number
(if unknown, leave blank)

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GEBA Automatic Debit Form

General Information:

Member Name (First, MI, Last)

Social Security Number:

Date of Birth

Marital Status ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widow/Widower ☐ Single ☐ Separated

Address

Email Address

City

State

Zip Code

Home Phone

Cell Phone

Office Phone

By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have requested or to send information about other GEBA products and services. We will not give your email address to another party to promote their products or services directly to you.

☐ Change Existing Account Information

Change Auto Debit as of

☐ Frequency

☐ Bank Information

☐ Establish New Account

Start Auto Debit on

GEBA:

Term Life	☐ Monthly	☐ Quarterly	☐ Semi-Annually	☐ Annually
Long Term Disability	☐ Monthly	☐ Quarterly	☐ Semi-Annually	☐ Annually
Long Term Care (CIGNA plans only)	☐ Monthly	☐ Quarterly	☐ Semi-Annually	☐ Annually
Emergency Travel Plan	☐ Monthly	☐ Quarterly	☐ Semi-Annually	☐ Annually
Dental Insurance	☐ Monthly	☐ Quarterly	☐ Semi-Annually	☐ Annually
Vision Insurance	☐ Monthly	☐ Quarterly	☐ Semi-Annually	☐ Annually
Professional Liability Insurance				☐ Annually

Your automatic debit payment may be prorated based on effective date of the change and the frequency you selected.

Bank Name

Debit the Account Below: (Please check ONE box)

☐ Checking Account (enclose a copy or voided check)

☐ Savings Account (complete account information)

Account Information: (Please complete BOTH ABA and account

Routing #

Your Account #

* For existing members using automatic debit: If the provided banking information above differs from what GEBA currently has on file, we will update all automatic debits to match the information entered on this form.

NOTE: Check with your bank to determine if additional charges for a debit will apply and ask how it will describe automatic debits on your bank statement. If you plan to have payments deducted from a savings account, please check with your bank to see if there are limitations (if any) on recurring debits.

I hereby authorize Government Employees' Benefit Association, Inc. (GEBA) to debit my checking/savings account according to the published schedule. I understand that GEBA reserves the right, upon written notification, to terminate my participation in this payment option. If an automatic debit is returned for any reason including insufficient funds, closed or unauthorized account, GEBA will not be able to process payment. I understand that I may be subject to a \$20 charge if payment is rejected, reversed, or refused by my financial institution. I may cancel participation in the GEBA Automatic Debit service with written notice 10 days prior to the premium due date.

Signature

Date