NBIS / ELEA Preauthorized Payments for the ELEA Group Benefits Plan
This is ONE form for all employees, drawn on Church/School account

Direct Withdrawal Authorization Form – Each month, your premiums are transferred electronically, so timely payments are never a concern. There is no check to write and no postage to pay.

Type of Account: __ Checking ___ Savings

Debit Date: 5th of the month

Name of School/Church_____

Daytime Telephone Number (__)_____Fax (__)_____

Mailing Address _____
Street City State Zip Code

Name on Account _____

Name of Bank_____

Bank Telephone Number (____)_____

Bank Routing Number (9 digits) _____

Bank Account Number _____

I authorize NANCY BOND INSURANCE SERVICES to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of ELEA benefits.

Authorized Signature – as it appears in the financial institution's records.

X_____Date_____

First Monthly Premium Amount: $_____ (Please include your payment with enrollment)

Please mail to; **NBIS 201 West Lemon Ave., Monrovia, CA 91016**
Toll Free 866/899-8559

THANK YOU FOR PRINTING CAREFULLY!