



Senior Insurance & Retirement Advisors

Personal Checking or Savings Account Information

Names(s) of Account Holder _____

Address 1 _____

Address 2 _____

City, State, Zipcode _____

Bank Name _____

Address _____

City, State, Zipcode _____

Routing Number: _____

Account Number: _____

Name (please print) _____

Signature _____ Date _____

By signing above, I authorize The Benefit Partners, Inc. DBA Senior Insurance & Retirement Advisors and their licensed, agents or administrators to use my personal financial information for the purpose of establishing an EFT payment arrangement with an insurance company to remit premium (and policy fee if applicable) for insurance-related products for which I have applied to for coverage. These products may include but are not limited to Medicare Supplements (Medigap), MAPD (Medicare Advantage Prescription Drug Plans), PDP (Prescription Drug Plans), Dental, Vision, Other.