



Request for Pre-Authorized Debit & Credit Entries

Financial Institution Information

Name of Financial Institution

Financial Institution’s Address (Street)(City) (State) (ZIP Code)

Routing & Transit No. (Bank I.D. No.) _____

Account No. _____

Account Type (i.e. checking) _____

Please read the following information closely.

I (we) hereby request the periodic deposit of amounts owed to ACCE Benefits Trust (Trust) for insurance premiums and hereby authorize Association of Chamber of Commerce Executives (ACCE) to initiate variable debit and credit entries to our checking account at the financial institution named above. I (we) authorize ACCE, if necessary, to initiate any entries and adjustments to correct entries to the checking account listed.

This authorization is subject to the following conditions:

1. Such variable debit and credit entries shall be made only after the Trust has determined the monthly insurance premium amount owed by the organization and the organization is informed of the amount. ACCE shall forward on behalf of The Trust an invoice which includes the amounts owed to the Trust.
2. The privilege of making deposits under this authorization will be terminated:
 - a. At my election, upon written notice to ACCE, 1330 Braddock Place, Suite 300, Alexandria, VA 22314.
 - b. At the election of the named financial institution upon written notice to me and ACCE.
 - c. At the election of ACCE upon written notice to me.

Authorized Signature(s): _____
(If Joint Accountholder – both MUST sign)

Print Name(s): _____

Date: _____

Employer Name: _____

RETURN TO ACCE BENEFITS SERVICES

Scan and email to: accebenefitsteam@acce.org