



**Please return this form to:**  
**Benemax Enrollment**  
**P.O. Box 950**  
**Medfield, MA 02052**  
**Email: [Benemax.enrollment@onedigital.com](mailto:Benemax.enrollment@onedigital.com)**

<b>Employer Name:</b>	
<b>Subscriber Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Telephone:</b>	
<b>Email Address:</b>	

### Authorization for Debit and Credit Electronic Funds Transfers

I hereby authorize on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Benemax, Inc, a OneDigital company, and their agents to initiate electronic withdrawals and/or deposits to the bank account provided below. I understand that adjustment and/or reversing entries may be made to this account to ensure an accurate and balanced accounting of all transactions. This authorization will remain in effect until; \_\_\_\_\_. I understand that any written termination of this authorization will become effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances to the account.

**Electronic Funds Transfer (15 U.S.C. § 1693):** I hereby acknowledge receipt of notice by the financial institution described below of: (1) the undersigned's liability for an unauthorized electronic fund transfer, (2) the undersigned's duty to promptly report such unauthorized transfers, (3) the undersigned's liability for charges for electronic fund transfers, (4) the undersigned's right to stop payment of pre-authorized electronic fund transfers, (5) the procedure to initiate such stop payment orders, (6) the right to receive documentation of electronic fund transfers, and (7) the financial institution's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, et al.

**Limitation of Action:** I acknowledge that I have 60 days from the date of a withdrawal from or deposit to the account shown below to dispute the withdrawal or deposit by contacting Benemax, a OneDigital Company by telephone and/or in writing of any discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by Benemax, a OneDigital Company.

_____ Undersigned's Name (Printed)	_____ Last 4 digits of Social Security Number
_____ Financial Institution	_____ Phone Number
_____ Undersigned's Email Address	

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Routing (ABA) Number

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Account Number      Checking \_\_\_\_      Savings \_\_\_\_

**You must attach either a voided check, a direct deposit form from the bank, or an account verification letter from the bank for confirmation of all account information.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**