



Mail, Fax, or Email This Form with Voided Check to:
BBP Admin
125 West Orchard Street - Itasca, IL 60143-1764
Phone (630)775-8551 Fax (630) 775-8568 E-mail: support@bbpadmin.com

COBRA/FMLA Direct Deposit of Premiums & ACH Fee Form

I request and authorize Better Business Planning, Inc. (BBPadmin) and/or its designee to electronically transfer COBRA/FMLA premium funds to the account on file with BBPadmin. I further authorize all fees owed to BBPadmin to be drafted from this account. This Authorization will remain in effect until I notify BBPadmin in writing to terminate and BBPadmin has a reasonable time to act on the termination.

Please note there are no additional fees to use this option each month.

Check One: Checking Account _____
 Savings Account _____

Routing Number for above account: _____

Name of checking account holder: _____

Name of bank where account is authorized : _____

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP

Employer Name: _____

Address: _____

City, State, Zip: _____

Name of Authorized Employee for account above: _____

Signature Authorization for electronic debit: _____

