

11301 Old Georgetown Road  
Rockville, Maryland 20852-2800



(301) 984-1440 • (800) 638-6589  
www.SambaPlans.com

## DIRECT DEBIT APPLICATION

SAMBA offers our members the convenience of having their premium payments automatically deducted from their checking or savings account on a monthly basis through our recurring **Direct Debit Program**.

Please complete the application below and mail or fax it to:

SAMBA Group Plans Department  
11301 Old Georgetown Road  
Rockville, MD 20852-2800.  
Fax (301) 816-0191

### APPLICATION FOR RECURRING DIRECT DEBIT PROGRAM

*Please print or type*

Member Name \_\_\_\_\_ ID # \_\_\_\_\_

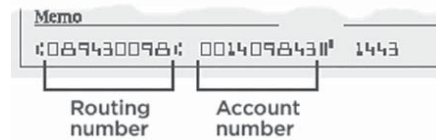
Email \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

#### Bank Account Information

Banking Institution: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_  
*(9-digit number found on the bottom left of your check. See example.)*



Please fill in **ONLY ONE** (checking or savings) account number in the field below.

Checking Account #: \_\_\_\_\_  
*(Account number on the bottom center of check. See example.)*

Savings Account #: \_\_\_\_\_  
*(Account number from bank statement or passbook.)*

**Authorization Agreement:** I authorize SAMBA to automatically deduct payment from the account specified, for the premium I owe each month for the Group Plan(s) I have with SAMBA (excludes premium collection for the SAMBA Health Benefit Plan). I understand that SAMBA has the right to change the amount of my automatic deduction to reflect a change in my premium or a change in my participation in the Recurring Direct Debit Program, and I will be notified of such change in writing. I also understand payment will be deducted on the 2nd of each month or the first business day thereafter if the 2nd is a holiday or weekend. I further understand that SAMBA will subject me to a return check fee of \$10 if insufficient funds are available at the time of the Direct Debit. I may suspend payment by notifying SAMBA in writing at any time prior to ten (10) business days before an amount is scheduled to be deducted from my bank account.

I have read and agree to the terms of the above Authorization Agreement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Contact SAMBA's Group Plans Department at (301) 984-1440 or (800) 638-6589 with any questions.