



Electronic Withdrawal Authorization

Application / ARC Member #: _____

Type: New Enrollment ☐ Update Banking Info ☐

Frequency: One-time Payment ☐ Monthly ☐ Quarterly ☐ Annual/Full Pay ☐

Return completed form to policy@alabamaretail.org

Named Employer: _____

Name on Checking Account (if different from above): _____

Payment Amount (If choosing a one-time payment option): _____

	BANK ACCOUNT
Name of Financial Institution	
Branch Location (City, State)	
Routing #	
Account #	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize Alabama Retail Comp to initiate withdrawals from my account to make my premium contribution payments as indicated by my choices above. The amount due, as indicated on my installment schedule, will be the amount withdrawn on the due date. If a payment is due on a weekend or holiday, the withdrawal will be initiated on the next business day.

This agreement will remain in effect until Alabama Retail Comp (ARC) receives a written notice of cancellation of the Electronic Withdrawal Authorization from the Named Employer or the financial institution or ARC determines a different payment method is required. Written Notice of Cancellation must be provided to ARC no later than 10 days prior to the scheduled payment date.

Signature

Title

Print Name

Date

Email Address: