



Mailing: P.O. Box 43653, Louisville, KY 40253-0653  
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[www.bmsllc.net](http://www.bmsllc.net)  
[claims@bmsllc.net](mailto:claims@bmsllc.net)

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT THROUGH THE  
AUTOMATED CLEARING HOUSE (ACH)**

Employee Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

I hereby authorize Benefit Marketing Solutions, LLC to initiate credit entries to my Checking or Savings Account at the depository named below.

**Please Print:**

Checking Account

Savings Account

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Banking Account Number \_\_\_\_\_

Did you attach a copy of a voided check? Yes  No

***This request cannot be finalized until a voided check is received***

This authorization is to remain in full effect until Benefit Marketing Solutions LLC has received written notification from me of its termination in such time and in such manner as to give Benefit Marketing Solutions LLC and the Bank a reasonable opportunity to act on it.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return form to [claims@bmsllc.net](mailto:claims@bmsllc.net)

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