

Electronic Funds Transfer (EFT) Payment Option



Thank you for choosing the Electronic Funds Transfer (EFT) payment option. EFT provides a new payment option for list billed groups to remit premium electronically from their bank to ours, without the resources and costs associated with requesting and issuing a manual check each month. To implement the EFT payment option, a group/division must complete the attached Authorization for Electronic Fund Transfer form and attach a copy of a voided business check.

Each group/division will continue to receive a list billing statement at the same time they do now. The difference on the bill is the last page states "Amount To Be Drafted". The premium will be drafted from the groups' authorized bank account on each Bill Due Date. The effective date of a group on EFT payment option will be contingent on when we receive the completed authorization form and load the groups' account information into our systems.

Mail this completed form to:

**MetLife
Small Market
P.O. Box 14593
Lexington, KY 40512-4593**

Or

Fax to:

**Attn: MetLife-Small Market
Subject: EFT Authorization Form
Fax: (888) 505-7446**

AUTHORIZATION FOR ELECTRONIC FUND TRANSFER



The undersigned hereby authorizes Metropolitan Life Insurance Company (the Company) to initiate electronic debit entries and any necessary adjustments involving these entries to the account identified below at: _____ (the Bank) and authorize the Bank to accept such entries and make any necessary adjustments. It is agreed that these entries will be made under the Rules of the National Automated Clearing House Association.

This authorization will remain in effect until **written** notice of termination is delivered to the Company in such time and in such manner so as to afford the Company a reasonable opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such notice.

Account Information:

Bank Name: _____

Bank Address: _____
Street

City

State

Zip

Transit Routing #: _____

Account #: _____

Account Type (Checking/Saving): _____

Account Title: _____

Authorized by:

Signature of Authorizing Party: _____

Printed Name: _____

Date: _____

Group/Division Name: North Carolina Medical Society /

Group/Division Number: TS 05621973- Practice Name

Division Number

Please attach a voided check or a photocopy of a canceled check above this line.