



AUTOMATED CLEARING HOUSE FORM

Group Automatic Withdrawal Information

Please complete the following to set up automatic withdrawal of your monthly premium due to TD Consortium Benefits Trust.

Group Name _____

Bank Name _____

Bank Address _____

Bank Phone Number _____

Bank Routing Number (9 digits) _____

Bank Account Number _____

Type of Account Checking Savings

- If preferred, please attach a voided check this this page

Signature _____ Date _____

*ACH drafts will occur on the first business day of the month. Please note that if you are new customer, a check is required for your first month's premium. Automatic ACH drafts will then begin on the due date of your second monthly invoice.