

THE NELSON TRUST

WWW.NELSON.AIBPA.COM

The Nelson Trust Retiree Auto-Pay Authorization Form

Completed Forms should be returned to: The Nelson Trust
1220 SW Morrison St., Suite 300
Portland OR 97205

A voided check or deposit slip must accompany this application form

Please check one:

- This is the first time I have completed this form
 This form replaces my existing bank account information

Name: _____ **SS#:** _____
(Please Print)

Address: _____ **Phone:** () _____

City: _____ **State:** _____ **Zip:** _____

I authorize The Nelson Trust to initiate deductions from my account as listed below, for the amount necessary to pay my retiree group health insurance premium to The Nelson Trust:

- Checking Account Savings Account
Attach voided check Attach voided deposit slip

Bank Name: _____

Name(s) on Account: _____

Bank Account Number: _____

Bank ABA Routing Number (9-digits): _____

Authorized Signature: _____ Date: _____

This authorization shall remain in effect until canceled by me in writing.

For Plan Administrator Use only:

Beg. Date: _____ Amount: \$ _____

CSR: _____ Date: _____

Authorization forms are due by the 5th of the month for that month's payment to be made via auto pay.
Payments will be deducted from your account on the 15th of each month.

Administered by A&I Benefit Plan Administrators, Inc.
1220 SW Morrison St., Suite 300, Portland, OR 97205-2222
(503) 222-7696 (800) 811-8853 Fax (503) 228-0149