NABIP

ACH/EFT AUTO-DRAFT CHANGE AUTHORIZATION

Use this form to replace an existing credit-card auto-draft with a bank-account draft.

IMPORTANT CREDIT-CARD FEE NOTICE

Members who continue to pay annual dues by credit card will automatically be charged a 4.4% credit-card processing fee based on the total payment amount.

1 MEMBER INFORMATION

Member Full Name *

Member ID Number *

Email Address *

Phone Number

Chapter Affiliation

2 EXISTING AUTO-DRAFT DETAILS

Current Draft Frequency *

◯ Monthly ◯ Annual

Current Total Draft Amount *

$

Requested Effective Date *

MM/DD/YYYY

3 BANKING INFORMATION

Name on Bank Account *

Financial Institution *

Account Type *

◯ Checking ◯ Savings

☐ Voided check or bank verification attached

9-Digit Routing Number *

Bank Account Number *

Re-enter Account Number *

4 AUTHORIZATION

I authorize the National Association of Benefits and Insurance Professionals (NABIP) to replace my existing credit-card auto-draft with recurring ACH/EFT debits from the bank account listed above for my membership dues and any applicable chapter dues, according to my current billing frequency. I also authorize NABIP to make a corrective credit if an entry is made in error. This authorization will remain in effect until I notify NABIP in writing at membership@nabip.org. I understand that my draft amount may change if dues change and that requests received after processing begins may take effect in the next billing cycle.

☐ I agree to the authorization above and understand that typing my name below serves as my electronic signature.

Member Signature - Type Full Name *

Date *

SECURE SUBMISSION: This form contains bank information. Do not send it through unsecured email.
For an approved submission method, contact membership@nabip.org or 844-257-0990. Retain a copy for your records.