



### Recurring Payment Authorization Form

I authorize Benefit Health Plan and/or its affiliates to draw from the account below the amount equal to that of the monthly invoice received from KMG Services LLC on or after the due date indicated for the product(s) to which I have subscribed.

Full Name \_\_\_\_\_ Member ID \_\_\_\_\_

**Checking / Savings**

Checking       Savings       Business       Personal

Name on Acct \_\_\_\_\_

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

Bank Routing # \_\_\_\_\_

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



The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555 1027' circled in orange. Labels 'Routing Number' and 'Account Number' point to their respective circles.

**Credit Card Payments**

Visa       Mastercard       Discover       American Express

Cardholder Name \_\_\_\_\_

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

Exp. Date \_\_\_\_\_

CVV \_\_\_\_\_



The image shows two credit cards. A Visa/MasterCard is shown with a red circle around the 16-digit card number. An American Express card is shown with a red circle around the 15-digit card number. Red arrows and text labels 'Visa, MasterCard' and 'American Express' point to the respective circles.

I HEREBY: Represent that my statements and answers to the questions in this enrollment are true and complete to the best of my knowledge and belief; and Authorize Benefit Health Plan, Inc or its affiliates to deduct any required monthly fees from either my provided banking account or credit card.

**Cancellation Policy**

I understand that this authorization will remain in effect until I cancel it in writing by contacting KMG Services at support@kmg-services.com, and I agree to notify KMG Services in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If cancellation request is made within the 15-day window, I understand that it may not be possible to remove my payment from the scheduled billing cycle in time and that I will need to enter the refund process.

**ACH Returns**

In the case of an ACH Transaction being rejected/returned, I understand that KMG Services may, at its discretion, attempt to process the charge again within 7 days, and agree to an additional fee of \$39 for each NSF event which will be initiated as a separate transaction from the authorized recurring payment.

**Refund Policy**

You may only receive a refund, if applicable, provided you have submitted a written notice of cancellation. Administration fees or enrollment fees ARE NOT refundable. You are not eligible for any refund if any claims have been filed by the policy holder. Should payments be made in advance of effective date of coverage, and ultimately coverage is not offered, or enrollee chooses to not enroll in the policy, then a full refund will be granted back to the account holder, typically within 15 calendar days after the effective date but no less than 7 calendar days.

**Personal Information Notice**

As required by law, this notice is intended to inform you that 1) Personal information may be collected from third parties; 2) Such information as well as other personal or privileged information collected by KMG Services or its legal representative may be in certain instances, as prescribed by law, disclosed to other third parties without your prior authorization; 3) You have the right to access and correct the collected information; 4) Your right to access does not include any information which relates to and is collected in connection with, or in reasonable anticipation of, a claim or civil or criminal proceeding.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_