



Automated Clearing House Form

Group Automatic Withdrawal Information

Please complete the following to set up automatic withdrawal of your monthly premium due to the HBAT Benefits Trust and give to your agent or return the form to below:

124 North Main Ave
PO Box 616
Fayetteville, TN 37334-0616

or

INFO@MTANDM.COM

Group Number: _____

Group Name: _____

Bank Name: _____

Bank Address: _____

Bank Phone #:

Bank Routing Information (9 digits): _____

Account Name: _____

Account Number: _____

Account Type (Mark which applies): Checking Savings ACH the first months premium

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 or you may select the auto draft via ACH above. Automatic ACH drafts will then begin on the due date of your second monthly invoice.