



Beam Insurance Administrators
629 N. High St., 6th Fl.
Columbus, OH 43215

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount according to your current enrollment as of the 1st of the month. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "BeamMMYY." You agree that no prior-notification will be provided and the monthly receipt will include a current enrollment listing for your confirmation. Any terminations, changes, or additions will applied in the following month's charge as a credit or debit to the monthly total.

Please complete the information below:

I, _____, authorize Beam Insurance Administrators LLC ("Beam")
(full name)

to charge my bank account indicated below for the current insurance premium due on the fifth (5th) of each month for payment of my Insurance, Beam Perks, or any other dental services provided by Beam.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____



Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing# _____

Bank City/State _____



The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555** 027' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above their respective numbers.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Beam 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 the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Beam may at its discretion attempt to process the charge again within 30 days, and agree to an additional rate of the policy contracts charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

TITLE _____