



Return this form along with a voided blank check to:
Accounts@youbenefited.com

Payee Name: _____

Payee Address: _____

Payee Contact Name: _____

Payee Contact Phone #: _____

Payee Contact Email: _____

Remittance Notification Email (If Different): _____

Bank Information

Bank Name: _____

Bank Routing: _____

Bank Account: _____

Bank Type: Checking Savings





PLEASE AUTHORIZE:

I HEREBY AUTHORIZE BENEFITED (NELNET) TO AUTOMATICALLY WITHDRAWAL PAYMENTS FROM THE ACCOUNT LISTED ABOVE, TO SATISFY THE MONTHLY INVOICES ASSOCIATED WITH THE BENEFIT PROGRAM(S). I CERTIFY THAT I AM AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE ACCOUNT HOLDER. I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT.

Authorized Signature: _____ Date: _____

Authorized Name: _____

Authorized Title: _____