Wholesale Benefits Association - 3601 Algonquin Rd. - Suite 605 - Rolling Meadows, IL 60008
Voice - 847-483-9484 * Fax - 847-483-9485 * Toll Free - 888-384-5888

WBA Accident Plan

Member Dues Payment Change Form

Changes MUST be received no later than the 21st of the month to be implemented for the upcoming payment period.

PAYMENT INFORMATION CANNOT BE TAKEN OVER THE PHONE

For policy details or questions, please call the numbers listed in your benefit kit.

Member Name:______________________________ WBA Member:__________________

I WANT TO CHANGE THE ACCOUNT CURRENTLY USED FOR PLAN PAYMENTS. USE THE DATA BELOW

Please enclose a voided check OR complete the credit/debit card data section below to enroll in our automatic payment system. Checking drafts take place on or about the 23nd of the prior month. Credit card debits take place 3 days prior to the 1st of the month.

☐ VISA ☐ MC ☐ DISCOVER ☐ AMEX ____

Card Number Expiration (Mo/Yr)

I hereby authorize WBA or its agent to charge my credit card for all future renewal premiums as they come due, or; I hereby request and authorize you to pay checks drawn on my account by WBA or its agent and payable to same provided there are sufficient collected funds in said account to pay the same upon presentation. This authorization is to remain in effect until WBA receives written notification from me revoking the authorization. I will notify WBA in writing of my wish to cancel the membership 30 days in advance.

____

Name on Credit Card Client Signature Date

If Bank Draft, Attach Void Check Here

E-MAIL TO:

Comprehensive Insurance Agency
membership@ciahealth.com

FAX TO:

Comprehensive Insurance Agency
847-483-9485

MAIL TO:

Comprehensive Insurance Agency
3601 Algonquin Rd – Suite 605
Rolling Meadows, IL 60008