

Fax to: (856) 396-3193

Attn: Claire Rightler/ Alyssa Barsony, Benefits Administrator

RE: Changes to Automatic Deduction

Name: _____

Date: _____

Company: _____

Phone: _____

Fax: _____

Automatic Deduction and Notification Agreement

PLEASE READ CAREFULLY. BY SIGNING BELOW, YOU AGREE TO HAVING READ AND UNDERSTOOD THE FOLLOWING:

I hereby authorize **Realty Benefit Services, an affiliate of Dergalis Associates**, to access my account for the purpose of paying premiums for the insurance benefits that I select. The deductions could include health, dental, vision, life, and / or disability insurance premiums. I understand that these deductions will be made periodically and I realize that changes in premiums may result in higher or lower deductions. I further understand that I shall incur additional charges in the event this debit is returned for any reason. In the event that **Realty Benefits Services** is unable to collect my premiums on the first business day of the month, I will be charged \$25.00. I understand there is no monthly paper billing from **Realty Benefit Services, an affiliate of Dergalis Associates** and I cannot pay by check.

Notifications

I agree to provide signed written notice at least two weeks in advance in the event I wish to cancel, change or amend my current policies. I further agree to indemnify and hold harmless **Realty Benefit Services, an affiliate of Dergalis Associates**, for charges assessed on my account from my lending institution due to debits for services rendered. I agree to notify **Realty Benefit Services, an affiliate of Dergalis Associates**, in writing of any changes to my bank account. This notice will be at least two weeks in advance of any scheduled payment debits. **(You can fax or email your notice to Dergalis Associates at (856) 396-3193, ATTN: Claire Rightler or email to claire@agentbenefits.net).**

I understand that these services are being provided solely through arrangements with **Realty Benefit Services, an affiliate of Dergalis Associates**, my real estate firm and the insurance carrier. I am aware that I must notify **Dergalis Associates** in writing if I no longer work as a licensed Realtor or become a referral realtor with my current Real Estate firm. This notification is my responsibility. If I do NOT notify **Dergalis Associates** within 30 days of my termination, I realize I may continue to get billed for services and benefits that I am no longer eligible to receive and I may forfeit any benefits received or premiums I paid for these benefits beyond my termination date. **NO REFUNDS WILL BE PROVIDED FOR MY FAILURE TO NOTIFY DERGALIS ASSOCIATES OF TERMINATION OR SEPARATION FROM MY REAL ESTATE COMPANY.** I understand that any changes to or termination of my coverage will also affect the coverage I have elected for my dependents.

By signing, I acknowledge that I have read and accept the terms of the above notification agreement.

SIGNATURE REQUIRED

SIGNATURE _____ DATE _____
of insured

WERE YOU HELPED BY A DERGALIS REPRESENTATIVE? (please check) YES NO

IF YES, WHO:

NAME OF INSURED _____

REALTY COMPANY _____ OFFICE LOCATION _____

SOCIAL SECURITY # _____ EMAIL _____

HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

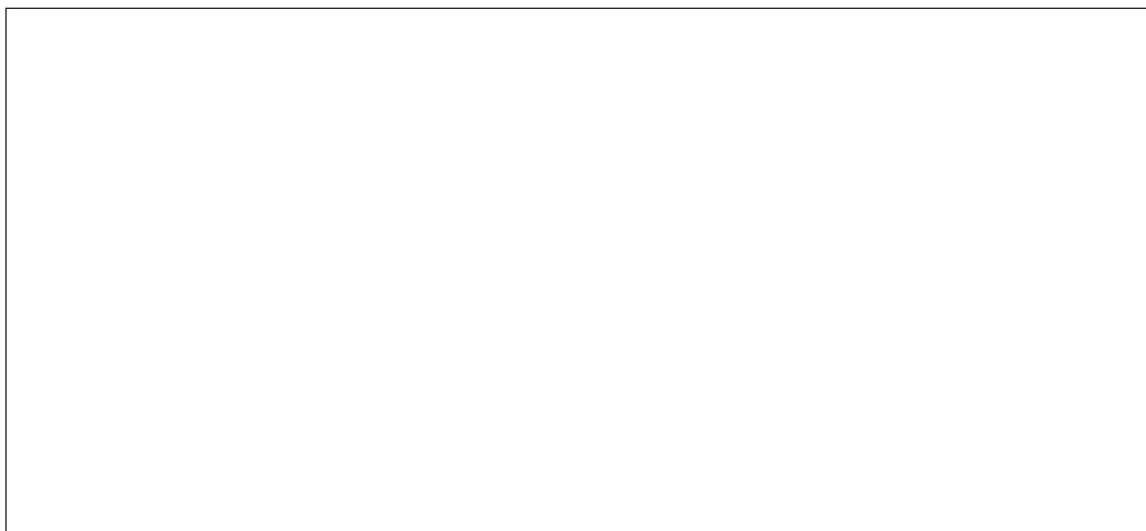
SIGNATURE REQUIRED

SIGNATURE _____ DATE _____
*of account owner**

*Note: Signature should be that of the owner of the checking account whose name appears on the check used for deductions.

Revised 4/04/2016

Attach Voided Check



Attach Your Business Card

