



**Customer Payment Information**

I (We) hereby authorize New Benefits, Ltd, to initiate (recurring monthly or  one-time) charges to my (our) credit card indicated below for the group(s) noted. I (We) further agree to a convenience fee of \$25 for any monthly amount greater than \$1,000:

**Payment Method:**

American Express    Discover    Master Card    Visa

**Credit Card Authorization Information:**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Credit Card Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ \*CVV \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**Customer Information:**

Group Number(s) \_\_\_\_\_

Group Name(s) \_\_\_\_\_

This authority is to remain in full force and effect until New Benefits, Ltd. has received written notification from me (us) of its termination. Such termination must be received by New Benefits by the 10<sup>th</sup> of the month to prevent charges for the current invoice. \*CVV code is required.

**Name:**

\_\_\_\_\_

**Signed:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Please return this completed form via email to [finance@newbenefits.com](mailto:finance@newbenefits.com) or via mail to:

New Benefits, Ltd.  
Attn: Finance Department  
14240 Proton Rd.  
Dallas, TX 75024

CONFIDENTIAL