



## ACH AUTHORIZATION FORM

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

BANKING INSTITUTION \_\_\_\_\_

BUSINESS ACCOUNT NUMBER \_\_\_\_\_

BUSINESS ACCOUNT NAME \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

PLEASE SELECT BANK ACCOUNT TYPE       CHECKING       SAVINGS

**Note: HPHC only accepts ACH requests from Business Accounts.**

- Monthly Premium
- Monthly ASO Administrative Fee
- Monthly Level Funded Amount
- Weekly ASO Claims

**PLEASE ATTACH A VOIDED CHECK AND FORWARD TO YOUR SALES EXECUTIVE AS  
PART OF THE NEW SOLD GROUP PAPERWORK**

I HEREBY AUTHORIZE HARVARD PILGRIM HEALTH CARE, INC. AND ITS AFFILIATES TO MAKE ELECTRONIC FUNDS TRANSFERS FROM MY BUSINESS CHECKING OR SAVINGS ACCOUNT. I HAVE THE RIGHT TO TERMINATE THIS AGREEMENT BY SENDING A THIRTY-DAY WRITTEN NOTIFICATION OF MY INTENTION. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND MY RIGHTS AND OBLIGATIONS UNDER THIS AGREEMENT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_