



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 _____