



Group Authorization Agreement for Recurring Electronic Fund Transfers (EFT)

Please note: This form must be completed and returned at least 10 business days prior to the payment due date. Until then, please make payments by check to prevent your account from becoming past due. See the next page of this form for complete instructions.

Employer Information

Employer _____
Group No. (if known) _____ Subgroup No. _____ Fed. ID No. _____
Business Street Address _____
City _____ State _____ ZIP _____ County _____
Phone (_____) _____ Fax (_____) _____
Email Address for Billing Contact Person _____
Notification Preference (fax or email notification is required) Fax Email

Bank Information

Employer's Financial Institution _____
Address _____
City _____ State _____ ZIP _____ County _____
Phone (_____) _____ Account No. _____
Nine-digit Financial Institution Routing Number (for bank use only) _____
Effective Month Requested (transaction occurs on the first business day of the month) _____

Please attach a voided check (required).

Disclosure

We authorize and direct PacificSource Health Plans to withdraw funds each month from our bank account stated above. This authorization will remain in effect until terminated by either party. By signing below, I acknowledge that I have read and agree to the responsibilities outlined on the next page of this form.

Authorized Representative of Employer (print name) _____
Signature _____ Date _____
Title _____

For PacificSource Administrative Use Only

EFT Effective Date _____
Processed by Commercial Enrollment & Billing _____ Date _____

Group Request/Authorization for Electronic Funds Transfer Arrangement

As an added service to you, we offer the option to pay your group policy premium by Electronic Funds Transfer (EFT).

Requirements

To participate in our EFT Payment option:

- You agree to provide your insurance payments to us via electronic funds transfer.
- EFT payments can begin the month you request, provided we receive all necessary forms and information no later than 10 business days prior to the payment due date.
- You agree to provide us with an email address or fax number for notification of billing amounts.

Our Responsibilities

- We will mail you a billing statement for your insurance premiums by the 18th of the month prior to the month being billed. The month your policy renews, your billing statement may be mailed later.
- On the last business day of the month, we will notify you via email or fax of the amount to be debited from your bank account.
- On the first business day of each month, we will debit your designated bank account via electronic funds transfer (EFT) for the full amount due for insurance premiums as indicated in the above notice.
- Requests for cancellation of the EFT payment arrangement must be received in writing at least 10 business days before the next scheduled draft date.

Your Responsibilities

- You will provide us with the information and permissions we need to establish ongoing, scheduled EFT transactions from your designated bank account.
- You will provide us with any enrollment changes, in writing, as early as possible, but no later than the 14th day of the month prior to the effective date of the change.
- You will ensure that your designated bank account contains sufficient funds to allow the EFT transaction to take place on the first business day of each month. See "Insufficient Funds" below for more information.
- Please do not send EFT form with your invoice. Please refer to the bottom of this page for the mailing address, or fax form and a copy of a voided check to Commercial Enrollment & Billing, (541) 225-3642.

Insufficient Funds

If we attempt to debit your bank account on the designated day and the account's funds are insufficient, the transaction will not be completed. We will contact you by phone to discuss the situation and agree on whether you will send a replacement check by mail or PacificSource will draft 2 months' premiums on the next scheduled draft date.

If payment is impeded by insufficient funds twice in any 12-month period, we will terminate this payment arrangement.

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