

COBRA electronic debit account (EDA)/ACH enrollment change form



Please read:

1. Complete section 1 — Participant information.
2. Attach a voided check (or a photocopy of a check). PacificSource Administrators, Inc. CANNOT accept deposit slips, as they do not always show the information required.
3. If you do not supply a voided check, complete section 2.
4. Complete section 3, and fax the form along with a copy of the voided check to PacificSource Administrators, Inc. at **541-225-3684** or mail along with COBRA Election paperwork.
5. When canceling your EDA, please note that PacificSource Administrators, Inc. needs to receive a notification 10 days prior to the 1st day of the month you are requesting to cancel. If your request to cancel is received after this timeframe, the EDA will continue to be processed as normal.

1. Participant information

I am (check one): beginning a canceling a changing a direct debit account.

Social Security number _____ Employee name _____

2. Financial institution information



Transit/ABA number _____ Account number _____

Financial institution name _____ Account type: Checking Savings

Financial institution address _____

City _____ State _____ Zip _____

3. Qualified beneficiary authorization

I hereby authorize PacificSource Administrators, Inc., until otherwise instructed, to begin deducting monthly COBRA premiums from my account. I understand that the amount deducted will be the amount due including any rate changes that may occur. I understand that while enrolled in the EDA I must maintain sufficient funds. Failure to do so will result in the discontinuance of the EDA, and if I wish to continue my COBRA Continuation Coverage, I will need to make payments by check. Furthermore, I understand that any request to discontinue or change the EDA will need to be made in writing and sent to the address, fax, or email address below.

Signature _____ Date _____

Please send this form to PacificSource Administrators and retain a copy for your records.

- COBRA@PacificSource.com
- Mail to PSA, PO Box 71096, Springfield OR 97475
- Fax: **541-225-3684**

Questions? Email us or call **877-355-2760**, TTY: 711. We accept all relay calls.

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