

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 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 _____

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 Certificate of Banking Details or a voided check to show your routing and account numbers.

Disclosure

We authorize and direct PacificSource Administrators, Inc. (PSA) 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 PSA team _____ Date _____

Group request/authorization for electronic funds transfer arrangement

As an added service to you, we offer the option to pay your plan expenses by electronic funds transfer (EFT).

Requirements

To participate in our EFT payment option:

- You agree to provide your plan expense 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 for notification of billing amounts.
- Your account must be in good standing to activate EFTs.

Our responsibilities

- An email will be sent a minimum of two business days before the debit from your bank account.
- We will make available on the PSA employer portal Monthly Claim Summary and Monthly Fee Summary reports, which document EFT charges. PSA will also mail you a summary of claim and fee charges you've incurred.
- We will debit your designated bank account via electronic funds transfer (EFT) for the full amount due for charges incurred.
- 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 ensure that your designated bank account contains sufficient funds to allow the EFT transaction to take place. See "Insufficient funds" below for more information.
- Please refer to the bottom of this page to send this form and either a Certificate of Banking Details, or a voided check via email, mail, or fax.

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 if you will send a replacement check by mail. We'll also determine a date when EFT transactions can be resumed.

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

PO Box 70168
Springfield, OR 97475
Toll-free: 800-422-7038
TTY: 711. We accept all relay calls
Fax: 541-485-8759
Email: PSAMembership@PacificSource.com
PacificSource.com/PSA