

# Group Authorization Agreement for Recurring Electronic Fund Transfers (EFT) (Self-funded)



EFT is for: Administrative fee    Claims payment    Stop-loss premium

**Please note: The first month's payment cannot be made by EFT, a binder check is required to effectuate coverage.**

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) \_\_\_\_\_

EFT effective date will begin on the next invoice due date.

**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 as outlined in the Third Party Administrative Services Agreement and Stop-loss Policy, if applicable. 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 Membership Services \_\_\_\_\_ Date \_\_\_\_\_

## Group Request/Authorization for Electronic Funds Transfer Arrangement

As an added service to you, we offer the option to pay your premiums and claims billing by Electronic Funds Transfer.

### Requirements

#### To participate in our EFT Payment option:

- You agree to provide your payments to us via electronic funds transfer.
- EFT payments can begin the month you request provided we receive all necessary forms and information 10 business days prior to the payment due date. The first month's premium cannot be paid by EFT, a binder check is required to effectuate coverage.
- You agree to provide us with an email address or fax number for notification of billing amounts.

### Our Responsibilities

#### Administrative Fee and Stop Loss Premiums:

- We will mail you a billing statement for your administrative fee and stop-loss premiums by the 18th of the month prior to the month being billed. The month your plan renews, your billing statement may be mailed later.
- On the last business day of the month, we will notify you via email of the amount to be debited from your bank account for the administrative fee and stop-loss premiums.
- On the first business day of each month, we will debit your designated bank account via electronic funds transfer for the full amount due for the administrative fee and stop-loss premiums.

#### Claims:

- We will email you a claims billing twice per month, and notify you of the amount to be debited from your bank account.
- Three business days after the claims billing is sent, we will debit your designated bank account via electronic funds transfer for the full amount due for the claims billing.
- 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 on the first business day of each month. See "Insufficient Funds" below for more information.
- Please do not send this EFT form with your invoice. Please refer to the bottom of this page to send this form and a voided check via email, mail, or fax.

### Insufficient Funds

If we attempt to debit your bank account on the designated day and the bank account's funds are insufficient, the transaction will not be completed. We will contact you by phone or email to discuss the situation and agree on a date if the transaction can be reattempted.

- Please note: Your Third Party Administrative Services Agreement or Stop-loss Policy may be subject to termination due to nonpayment.

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