

**Group Authorization
Agreement for
Recurring Electronic
Fund Transfers (EFT)**



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Membership Fax 541.225.3642
PacificSource.com

Important: The first month's payment cannot be made by EFT. This form must be completed and returned at least 10 business days prior to the payment due date. Until the EFT is set-up please make payments by check or your account will become past due and will be subject to cancellation. See the other side of this form for instructions.

EMPLOYER INFORMATION

Employer _____

Group No. (if known) _____ Subgroup No. _____ Fed. ID No. _____

Business Street Address _____

City _____ Zip Code _____ County _____

Phone No. () _____ Fax No. () _____

E-Mail Address For Billing Contact Person _____

Notification Preference (fax or e-mail notification is required) Fax E-mail

BANK INFORMATION

Employer's Financial Institution _____

Address _____

City _____ Zip Code _____ County _____

Phone No. () _____ Checking (not savings) Account No. _____

Nine-Digit Financial Institution Routing Number (for bank use only) _____

EFT effective date requested _____ **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 reverse side of this form.

Authorized Representative of Employer (print name) _____

Signature _____ Date _____

Title _____

FOR PACIFCSOURCE ADMINISTRATIVE USE ONLY

EFT Effective Date _____

Processed by Membership _____ 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).
- You agree to provide your first month's premium payment by check. EFT payments can then begin on the second month of coverage, 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 e-mail 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 e-mail 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 front of this form for mailing address or fax form and a copy of a voided check to the Membership Department 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 a date when the transaction will be reattempted. We will assess a fee of \$50 each time we attempt to debit your account and there are insufficient funds to complete the transaction.

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