

One-Time Automated Clearing House (ACH)

Payment Authorization Form



An Independent Licensee of the Blue Cross and Blue Shield Association

ACH Authorization Agreement For A One-time Payment Upon New Group Setup

Your company (hereinafter "Group") agrees to allow Blue Cross Blue Shield of Arizona (BCBSAZ) initiate a one-time ACH payment from Group's account consistent with the following:

1. The ACH payment will be taken from the U.S. financial institution and account number authorized below in the amount estimated to be the Group's first month's premium payment based on information currently known to the parties, as acknowledged by the Group.
2. Payment shall be considered made when BCBSAZ initiates the ACH payment transaction from the Group's U.S. financial institution on or after the transaction date stated below. If for some reason this ACH payment is unable to be drafted, BCBSAZ will contact the Group to authorize a new payment.
3. Group may terminate the initial ACH payment by providing written notice to BCBSAZ within 72 hours of the transaction. If the Group fails to provide timely written notice but still wishes to cancel the payment, the Group may ask BCBSAZ to process a refund. BCBSAZ cannot re-credit the Group's account more than 72 hours after the account is debited.
4. The Group agrees to be bound by NACHA Operating Rules as they pertain to this transaction and acknowledges that the origination of the transaction must comply with the provisions of U.S. law. Group agrees it will not dispute the transaction with its U.S. financial institution, provided the transaction corresponds with the terms indicated in this authorization form. Any dispute arising out of or relating to the ACH payment will be resolved under the terms of the Group Master Contract between the Group and BCBSAZ.

Group Information

Legal Business Name _____
Street Address _____
City _____ State _____ Zip Code _____

Financial Institution Information

Company Name on Account¹: _____
Bank Name: _____ Bank City/State: _____
Bank Routing #: _____ Bank Account Number: _____
Account Type: Checking Savings Authorized Amount (Estimate 1st Month Premium Amount, not to exceed): _____
Authorized Date (on or after): _____ Note: You must enter a date here to authorize the origination of the ACH transaction to your account on or after date specified. This authority for a one-time ACH transaction will remain in effect until complete or you have cancelled it in writing.

¹Name on the account must match name of Group with which BCBSAZ is doing business.

This Business Bank Account is Enabled for ACH Transactions Yes No Initials: _____
This Business Bank Account has authorized BCBSAZ (ACH ID 5860004538) to debit initial payment via ACH. Yes No Initials: _____
(if applicable)

PLEASE ATTACH VOIDED COPY OF CHECK CONTAINING ACCOUNT INFORMATION.

Authorized Signature

Group's Authorizing Official: By signing this document, I authorize BCBSAZ to initiate a one-time ACH payment from the account in the above U.S. financial institution. I also authorize the above U.S. financial institution to reduce the above stated account by the authorized amount. I understand the above referenced authorized amount may be withdrawn from the Group's business account as soon as the above noticed transaction date.

I understand that payment of this amount is not a guarantee of insurance coverage, or of the Group's monthly premium amount; and that coverage is not binding until both parties execute a Group Master Contract.

In addition, the Group agrees that the above account information will be stored securely in BCBSAZ's system for proof of authorization.

Signature _____ Date _____
Printed Name _____ Phone number _____
Title _____ E-mail address _____

Internal use only: FINANCE
Group number: _____
Date: _____

Internal use only: SALES Initials \ Date: _____
Premium Month/Yr: _____ Form sent to Group
Premium Amount to Process²: _____ Form sent to Finance
²must send updated copy to group if amount differs from authorized amount.