CaliforniaChoice®
Your Health. Your Choice.®

ACH Payment Form

721 South Parker, Suite 200, Orange, CA 92868
(800) 558-8003 • www.calchoice.com

- Form must be COMPLETED in FULL, SIGNED and DATED for processing
- E-mail: underwriting@calchoice.com

Step 1 - COMPLETE GROUP INFORMATION

Company Name

Address **Suite #**

City **State** **ZIP Code**

Phone # (XXX) XXX-XXXX **Company Contact E-mail Address**

Step 2 - COMPLETE BANK INFORMATION

Bank Name **Account Type** ☐ **Checking** ☐ **Savings**

Account Holder Name

Account # **Routing #**

First Month's Premium ☐ I want the group's first month's premium deducted from the account listed above, based on the total amount listed on the Final Premium Deposit Statement. **OR** ☐ Indicate amount to be debited $ _____

Recurring Payments ☐ By checking this box you are giving permission to *CHOICE* Administrators® to initiate payments on your behalf from the above payment account. The payment amount will automatically be deducted from your account on the due date. All premiums are due by the 20th of each month, prior to the month of coverage. Recurring Payment amount changes based on the current outstanding premium for the given month.

To ensure successful processing of your online payment, please advise your bank of *CHOICE* Administrators ACH ID (0330115986)

Step 3 - ATTACH VOIDED CHECK

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.
This information will be used to verify the account and routing numbers listed above

Step 4 - COMPLETE AUTHORIZATION

I hereby authorize *CHOICE* Administrators to debit the account as indicated above. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as 24 hours after notification of group health plan approval. I understand that it is my responsibility to monitor my bank charges and verify that payments are processed properly. I agree not to dispute this billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized Representative's Name **Phone # (XXX) XXX-XXXX**

Signature **Date Signed (MM/DD/YYYY)** ☐☐ / ☐☐ / ☐☐☐☐

INTERNAL USE ONLY ☐ **Current:** $ _____ ☐ **Future:** $ _____ ☐ **Recurring**

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