

## Automated Clearing House (ACH) Authorization

### ACH Authorization Agreement For A One-time Payment Upon New Case Installation

Your company (hereinafter "Group") hereby agrees to allow Humana to initiate payment from Group consistent with the following:

1. The ACH payment will be pulled from the financial institution and account number authorized below in the amount of an approximation of the first month's premium payment, as acknowledged by the Group.
2. Payment shall be considered made when Humana initiates the ACH payment transaction from your company's financial institution upon completion of Group setup. If for some reason this payment is unable to be drafted, you will be contacted to authorize a new payment.
3. The initial ACH payment may be terminated by the Group by providing notification to the Sales Office prior to completion of Group setup. If notification is not received until after Group setup has been completed, a refund will be processed.

### Group Information

Employer Legal Business Name		
Street Address		
City	State	Zip Code

### Financial Institution Information

Name of Group's Financial Institution	Amount \$ (if left blank, the first month's premium will be debited)	
Street Address		
City	State	Zip Code
Nine-digit American Banker's Association (ABA) Identifying Number for Routing the Transfer of Funds		

Account Name
<i>Name on the account must match name of Group with which Humana is doing business.</i>
Account Number

### ACH Authorization Agreement For Recurring Premium Payment

Accounts set up for a Recurring Payment will have the 'Total Amount Due' for an invoice charged to the selected account each month on the Scheduled Date. Monthly charges for the 'Total Amount Due' will continue indefinitely until cancelled.

### Recurring Payment Schedule

**By checking you agree to the Recurring Payment Schedule defined below.**

**Amount:** 'Total Amount Due' from invoice. Amount can be verified on invoice or online at Humana.com.

**Payment Date:** Day \_\_\_\_\_ of every month. Date elected must be between 1st and 10th.

**Effective Period (select one):**  Until Cancelled

**Invoice Format (select one):**  Paper       Electronic (will waive any applicable administrative fees)

*Group is responsible for management of the Recurring Payment Schedule by registering at Humana.com or by contacting their designated billing representative.*

### Signature

**Group's Authorizing Official:** By signing this document, you authorize Humana to initiate an ACH payment(s) from the above company as requested by the Group. This includes authorization for a one-time payment upon new case installation, and/or recurring payment(s) as requested in the Recurring Payment Schedule above.

In addition, you are agreeing that the account information you have provided will be stored securely in Humana's system for future use at the discretion of the account holder for one-time payments or as scheduled for recurring payments.

Signature	Date
Printed Name	Phone number
Title	E-mail address