



# Initial Payment Form (One-Time ACH)

Form must be **COMPLETED in FULL, SIGNED, and DATED** for processing

When completed return to:  
721 S. Parker, Suite 200, Orange, CA 92868  
Phone: (866) 412-9279 • Fax: (866) 412-9257  
Email: [underwriting@choicebuilder.com](mailto:underwriting@choicebuilder.com)

## Step 1 - COMPLETE GROUP INFORMATION

Company Name:				
Address:	Apt. #	City:	State:	ZIP Code:
Phone Number:		Company Contact E-mail Address:		

## Step 2 - COMPLETE BANK INFORMATION

Bank Name:	Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Holder Name:			
Account Number:	Routing Number:		
Debit Amount:	<input type="checkbox"/> 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.		
	<b>OR</b>	<input type="checkbox"/> Indicate amount to be debited: \$ _____	

## Step 3 - ATTACH VOIDED CHECK

**ATTACH VOIDED CHECK HERE**  
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 listed above for the group's first month's premium. This is a one-time authorization for the first month's premium only. (If you would like to set up recurring monthly payments please visit our website at [www.choicebuilder.com](http://www.choicebuilder.com))

I understand that the amount indicated above will be deducted from the account listed above within 24 to 72 hours after notification of group health plan approval.

Authorized Representative's Name:	Phone Number:
Signature:	Date Signed: MO / DAY / YEAR