



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: (714) 542-4200 • Fax: (714) 542-9334
Email: underwriting@calchoice.com

Step 1 - COMPLETE GROUP INFORMATION

Company Name				
Address	Apt. #	City	State	ZIP Code
Phone # (xxx) xxx - xxxx		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 #	Routing #
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. OR <input type="checkbox"/> Indicate amount to be debited \$ _____	

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

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.calchoice.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 # (xxx) xxx - xxxx
Signature	Date Signed MM / DD / YYYY