

- Form must be COMPLETED in FULL, SIGNED and DATED for processing
- E-mail: underwriting@choicebuilder.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	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Holder Name			
Account #	Routing #		
First Month's Premium (REQUIRED)	<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
			\$ _____
Recurring Payments (OPTIONAL)	<input type="checkbox"/> 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as 24 hours after notification of group health plan approval.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)								
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

INTERNAL USE ONLY	<input type="checkbox"/> Current: \$ _____	<input type="checkbox"/> Future: \$ _____	<input type="checkbox"/> Recurring
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