

Initial Payment Form

(One-Time ACH)

Fax completed form to (866) 412-9257 or e-mail to underwriting@choicebuilder.com

Step 1 - COMPLETE GROUP INFORMATION

Company Name

Address

Suite #

City

State

ZIP Code

Phone # (XXX) XXX-XXXX

E-mail Address

Step 2 - COMPLETE BANK INFORMATION

Bank Name

Account Type

 Checking Savings

Account Holder Name

Account #

Routing #

Debit Amount

 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

\$ _____

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 Group Contact Signature_____
Print Name_____
Date (MM/DD/YYYY)