



<b>Internal use only</b>
Group number:

## 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 \_\_\_\_\_ Account Number \_\_\_\_\_

*Name on the account must match name of Group with which Humana is doing business.*

### 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. You, and Humana acknowledge and agree that any and all transactions performed during the term of this Agreement that are conducted through the utilization of electronic transactions and verified by the use of electronic signatures are binding per 15 U.S.C § 7001- 7006. I understand that My consent, when issued electronically by use of My unique identifiers or passwords, bears the same legal authority as My written signature and is binding per 15 U.S.C § 7001- 7006.

The Group will be bound by this Agreement throughout the term of such Agreement. I, on behalf of the Group, may request that this Agreement be terminated and that Humana default to providing paper access to services by submitting an address, phone number and contact name for distribution of paper forms, as needed, to my Humana representative. Such request will be processed within forty eight (48) hours.

I may obtain a paper copy of any electronic transaction upon request.

I and Humana acknowledge and agree that all transactions conducted electronically bear the same legal authority as paper documents with written signatures and are binding per 15 U.S.C § 7001- 7006. Types of electronically conducted transactions include, but are not limited to activity related to ACH payments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone number \_\_\_\_\_

Title \_\_\_\_\_ E-mail address\* \_\_\_\_\_

\*By providing your email address, you authorize Humana to send billing email communications to this address.