

Employer EFT/ACH Form

You are authorizing HealthPass to make a deduction from your banking institution for the total premium due. For new business a one-time payment for the total premium is processed at the time of activation.

Business Name: _____

Bank Name: _____

Bank Account Number: _____

ABA Number/Routing Number: _____

- If using a savings account - contact bank for routing # or look online by searching bank name and location
- If using a checking account - a voided check must be sent with the completed form

HealthPass Group #: _____

Please check if you would like to enroll in paperless billing. If enrolling in paperless billing we must have an active email address on file.

Recurring

Recurring EFT/ACH Authorization

Please check if this is a recurring monthly payment.*

I hereby authorize HealthPass to initiate EFT/ACH from my account until further notice for the monthly premium payment. Withdrawals occur on or about the 1st of every month. Please call 888-313-7010 to notify us of any change in this request.

Begin my monthly EFT/ACH payments _____
Coverage Month

Signature of Authorized Representative

Date

One-Time

Please check if this is a one-time only payment.*

Amount \$ _____

I hereby authorize HealthPass to immediately initiate this one-time EFT/ACH from my account for the premium payment. Please call 888-313-7010 to notify us of any change in this request.

Signature of Authorized Representative

Date

*Our Merchant ID is 0000131575, your financial institution may need this ID in order for payments to be processed successfully.

Please send the completed form via email to billing@healthpass.com.