

## 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](mailto:billing@healthpass.com).