

# Group Authorization Agreement for Recurring Electronic Fund Transfers (EFT)



**Please note:** This form must be completed and returned at least 10 business days prior to the payment due date. Until then, please make payments by check to prevent your account from becoming past due. See the next page for complete instructions.

EFT is for:      Claims payment and administrative fees      Claims payment only

## Employer information

Employer \_\_\_\_\_

Group no. (if known) \_\_\_\_\_ Subgroup no. \_\_\_\_\_ Fed. ID no. \_\_\_\_\_

Business street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Name of billing contact person \_\_\_\_\_

Phone number of billing contact person \_\_\_\_\_

Email address of billing contact person \_\_\_\_\_

## Bank information

Employer's financial institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Account no. \_\_\_\_\_

Nine-digit financial institution routing number (for bank use only) \_\_\_\_\_

Effective month requested (transaction occurs on the first business day of the month) \_\_\_\_\_

**Please attach a Certificate of Banking Details or a voided check to show your routing and account numbers.**

## Disclosure

We authorize and direct PacificSource Administrators, Inc. (PSA) to withdraw funds each month from our bank account stated above. This authorization will remain in effect until terminated by either party. By signing below, I acknowledge that I have read and agree to the responsibilities outlined on the next page of this form.

Authorized representative of employer (print name) \_\_\_\_\_

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

Title \_\_\_\_\_

Continue >

CLB1294\_0325

## For PacificSource Administrative use only

EFT effective date \_\_\_\_\_

Processed by PSA team \_\_\_\_\_ Date \_\_\_\_\_

## Group request/authorization for electronic funds transfer arrangement

**As an added service to you, we offer the option to pay your plan expenses by electronic funds transfer (EFT).**

### Requirements

To participate in our EFT payment option:

- You agree to provide your plan expense payments to us via electronic funds transfer.
- EFT payments can begin the month you request, provided we receive all necessary forms and information no later than 10 business days prior to the payment due date.
- You agree to provide us with an email address for notification of billing amounts.
- Your account must be in good standing to activate EFTs.

### Our responsibilities

- An email will be sent a minimum of two business days before the debit from your bank account.
- We will make available on the PSA employer portal Monthly Claim Summary and Monthly Fee Summary reports, which document EFT charges. PSA will also mail you a summary of claim and fee charges you've incurred.
- We will debit your designated bank account via electronic funds transfer (EFT) for the full amount due for charges incurred.
- Requests for cancellation of the EFT payment arrangement must be received in writing at least 10 business days before the next scheduled draft date.

### Your responsibilities

- You will provide us with the information and permissions we need to establish ongoing, scheduled EFT transactions from your designated bank account.
- You will ensure that your designated bank account contains sufficient funds to allow the EFT transaction to take place. See "Failed transactions" below for more information.
- Please refer to the bottom of this page to send this form and either a Certificate of Banking Details, or a voided check via email, mail, or fax.

### Failed transactions

If we attempt to debit your bank account on the designated day and the transaction fails, we will contact you by phone to determine if you will send a replacement check by mail instead. We'll also determine a date when EFT transactions can be resumed.

If debit fails twice in any 12-month period, we will terminate this payment agreement, and you will be subject to a prefund charge to continue the account.

PO Box 70168, Springfield, OR 97475

Toll-free: **800-422-7038**, TTY: 711. We accept all relay calls

Fax: 541-485-8759

Email: [PSAMembership@PacificSource.com](mailto:PSAMembership@PacificSource.com) | [PacificSource.com/PSA](http://PacificSource.com/PSA)