

COBRA/Direct Billing Participant Use ONLY | ACH Agreement Form



P&A Group: 6400 Main Street, Suite 210 Williamsville, NY 14221 | Fax: 716-855-7107

New Change to existing

Please complete this form in its entirety to authorize automatic deductions from your checking or savings account to pay for your health insurance premium(s). You will no longer receive a paper bill in the mail and the auto deductions will occur approximately the 5th of each month. A confirmation letter will be sent to you to confirm when the automatic deductions will begin

Former Employer Name:

Your Name:

SSN: Phone:

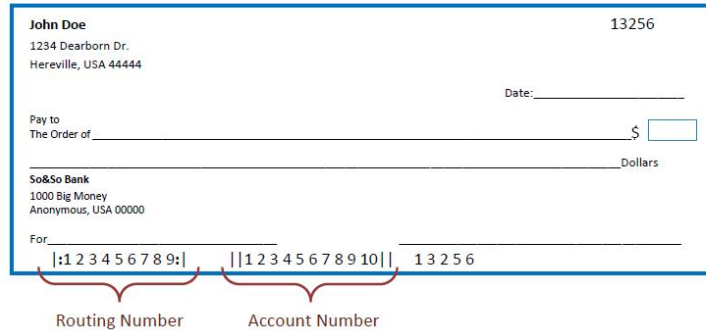
E-mail:

Banking Institution:

Bank Account Number:

Bank Routing Number:

*Must begin with 0, 1, 2, or 3



Please send a copy of a voided check or bank form showing the information above along with this form.

Form Submission Options

This form is also available online. To complete the online authorization form, go to www.padmin.com, login to your account and choose "Direct Deposit" from the "Quick Links" box on the left, follow the prompts on the page and submit. You can also fax or mail this form to P&A Group. **Fax:** (877) 855-7107 | **Mail:** P&A Group, Group Insurance Department, 6400 Main Street, Suite 210 Williamsville, NY 14221

I hereby authorize The P&A Group to automatically withdraw funds from my checking or savings account (as indicated above) in the amount of my health insurance premium automatically. I can cancel my automatic payment anytime by submitting a request in writing to P&A Group. I consent that this arrangement will remain in effect until canceled by me or my banking institution. I understand that the change may take up to 30 days to process.

I understand that this is my responsibility to notify P&A of all future changes to my bank account number and routing number. If I fail to notify P&A of changes of this nature, I will be responsible for reimbursing P&A for all applicable bank charges.

Authorized Signature: _____ Print Name

Date

PLEASE NOTE THAT ANY ACCOUNT CHANGES MUST BE COMMUNICATED IMMEDIATELY BY USING THIS FORM TO NOTIFY P&A IN ORDER TO AVOID REJECTION FEES AND/OR PENALTIES.