



## AUTOMATIC PAYMENT SYSTEM (APS) AUTHORIZATION AGREEMENT

The Scott and White Health Plan is hereby authorized to initiate debit entries to \_\_\_\_\_ (Group Name) checking account indicated below for the billed monthly premium. The Financial Institution named below, hereinafter called **BANK**, is hereby Authorized to debit the same to such account. **The account will be drafted between the 4<sup>th</sup> and the 9<sup>th</sup> of each month.**

**BANK NAME** \_\_\_\_\_ **BRANCH** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

Check here if this is a change in bank information.

This authority is to remain in full force and effect until the Scott & White Health Plan has received written notification from the group of its termination in such time and in such manner as to afford the Scott & White Health Plan a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to **BANK** prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by **BANK**, up to 15 days following issuance of statement of account, or 45 days after the charge whichever occurs first.

**DATE** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**GROUP NAME & NUMBER** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_

**\*\*PLEASE ATTACH VOIDED COPY OF CHECK\*\***

\_\_\_\_\_  
FOR OFFICE USE ONLY

BK Transit/ ABA No. \_\_\_\_\_

Certificate No. \_\_\_\_\_

Submitted By \_\_\_\_\_