Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Automatic Payment System (APS) Authorization Agreement

Group Name:	Group Number:
Business Phone Number: ( )	Alternate Phone Number: ( )
Email Address:	

☐ **Bank Draft.** Scott and White Health Plan is authorized to initiate debit entries to the Group's checking account indicated below for the billed monthly premium. The Financial Institution named below (BANK) is authorized to debit the same to such account.

☐ **Check here if this is a change in bank information.**

Bank Name:	Branch:
Routing Number:	Account Number:

This authority is to remain in full force and effect until Scott and White Health Plan has received written notification from the group of its termination in such time and in such manner as to afford Scott and 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.

Please include a "VOIDED" check when you return this form.

Authorized Signature:	Date:

For Office Use Only

BK Transit/ABA Number

Certificate Number _____

Submitted By _____