BANK DRAFT AUTHORIZATION

Please complete both parts of this form and **ATTACH A VOIDED CHECK**.

PART A: AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Group Insurance Program c/o AMBA

To Whom It May Concern:
I have authorized: (bank name)_____

Bank Address: (address/city/state/zip)_____

to honor electronic debit entries or drafts on my account by you to cover premiums insuring_____

(SS# _____). Such debit entries or drafts are to be charged to my account with said bank in the same manner as if they were personally drawn by me.

It is understood that such debit entry or draft shall constitute notice of premium due. Should any debit entry or draft not be paid by said bank for any reason, it will be the responsibility of the Insured to make arrangements with you for premium payments within the grace period to prevent lapse due to nonpayment. It is also understood that you assume no responsibility for bank charges on these draws.

Signed this _____ day of _____, 20_____.

Draft Date:	❑1st ❑ 5th ❑ 10th ❑ 15th (Select draft date – if none selected, draft date will automatically be the 10th)
Draft Mode:	❑ Monthly ❑ Quarterly (January, April, July, October)

_____ Bank Account Number

_____ Signature of Depositor / Premium Payor

_____ Transit / Routing Encoding # (first 9 digits printed at bottom of check)

_____ Print Name of Depositor / Payor as used for Bank Account

AMERICAN COLLEGE OF SURGEONS (ACS)
Association Name

PLEASE SUBMIT A VOIDED CHECK WITH THIS FORM

PART B:
AUTHORIZATION TO HONOR ACH DEBIT ENTRIES OR DRAFTS
GROUP INSURANCE PROGRAM c/o AMBA

To: (bank name)_____ Bank

Bank Address: (address/city/state/zip)_____

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entries or drafts drawn on my account by and payable to the order of Group Insurance Program, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit entry or draft shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be protected in honoring any such debit entry or draft.

I further agree that if any such debit entry or draft be dishonored for cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

_____ Bank Account Number

_____ Signature of Depositor / Premium Payor
Corporate Payor, Signature of Appropriate Corporate Officer

_____ Transit / Routing Encoding # (first 9 digits printed at bottom of check)

_____ Print Name of Depositor / Payor as used for Bank Account

_____ Date

THE SIGNATURE USED MUST BE IDENTICAL WITH THAT NOW ON FILE WITH THE BANK.

INDEMNIFICATION AGREEMENT

TO: The Bank named above
In consideration of your compliance with the depositor's request and authorization which appears above, AMBA agrees that:

We and you each agree to indemnify and hold the other harmless from and against any and all losses, costs, damages, and expenses (including attorney's fees and punitive damages) which the other may incur by reason of any demand or action by any person or organization arising out of the other's negligence or breach of duty, whether intentional or not, in the performance of its duties hereunder.

FROM: AMBA

ELECTRONIC FUNDS TRANSFER (EFT) QUESTIONS & ANSWERS

How do I sign up for EFT?

Simply complete the form on the reverse side and return it to our office with a voided check.

When will the EFT begin?

Our office needs to receive the completed EFT form and voided check at least 15 business days prior to the due date you would like the EFT to begin. *If the documentation cannot be sent to us within that time period, be sure to pay your current premium statement in full and we can set the EFT to begin with the next billing period.*

Will I be notified when/if the draft amount is going to change?

Yes, you will be notified in advance if there is a premium rate adjustment for the entire group, or if a rate adjustment is necessary due to the attained age of you or your covered spouse.

Is there a charge for the EFT service?

There is no charge from our office for the service; however, some financial institutions may charge for automatic payments. Ask your bank about any possible fees.

Is it safe and secure?

Yes, both our office and our financial institution are required to keep your banking information confidential.

Will I still receive a premium statement in the mail?

No.

What if I change banks or accounts?

Call our office at least 45 days before the premium due date; tell us you have been paying your premiums through EFT, and that you have changed banks/accounts. We will send an EFT form for you to complete and return with a voided check from your new bank/account. Once the completed form and voided check are received in our office, we can make the change.

What if a payment is returned by my bank?

Payments may be returned by a financial institution for insufficient funds, closed accounts, or other reasons. If your payment is returned, we reserve the right to charge a processing fee. We also reserve the right to discontinue your participation in the EFT payment program if your payment is rejected more than once during a six-month period. Your financial institution may also charge fees for rejected payments.

How do I stop participating in the EFT payment program?

Simply call our office and notify us that you would like to stop EFT. Your request will become effective 5 to 7 business days after we receive your notification.