

Employer Electronic Funds Transfer Form

This form authorizes Access Health CT Small Business to automatically deduct payment for the monthly premium from a business checking account.

1. Complete this Authorization Form
2. Attach a voided check – Not a deposit slip
3. Submit completed form and voided check to the address below

Please read and sign before completing and submitting

Required for binder payment.

I hereby authorize Access Health CT Small Business to withdraw payment of my monthly premium from my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to allow and to debit any debit entries indicated by Access Health CT Small Business to my account. This authorization is to remain in full force and effect until Access Health CT Small Business and Bank have received written notice from me of its termination in such time and in such manner as to afford Access Health CT Small Business and Bank reasonable opportunity to act on it.

| | |
|--|-------------------------------|
| Business Name (as it appears on checking account): | |
| Bank Name: | Bank Telephone: |
| Bank Routing Number: | Bank Checking Account Number: |

One-Time EFT Authorization

Check if this a **one-time** only payment

One-Time EFT Authorization

I hereby authorize Access Health CT Small Business to immediately initiate this one-time EFT from my account for payment of the monthly premium. Call 1-855-762-4928 to notify us of any change to this request.

Authorized Signature

Date (mm/dd/yyyy)

Recurring EFT Authorization

Check if this a **recurring** only payment

I hereby authorize Access Health CT Small Business to initiate EFT from my account until further notice for payment of the monthly premium. Withdrawals will occur on or about the 1st of every month. Call 1-855-762-4928 to notify us of any change to this request.

Begin my monthly EFT payments: _____
Coverage Month

Authorized Signature

Return via mail to:
Access Health CT Small Business
280 Trumbull St., 15th Floor
Hartford, CT 06105

Return via email to:
shop.ahct@ct.gov

For Internal Use Only

Initials: _____
Date: _____
Time: _____

Date (mm/dd/yyyy)