

Preauthorized Banking Withdrawal Agreement Small Employer

Complete this form only if you have elected Preauthorized Banking Withdrawal. Do not complete this form if you have chosen Online Billing and Payment or Monthly Payment.

Account Holder's Name _____

I authorize SelectHealth to initiate debit entries to the account indicated below. This account is a (check one):

- Checking account
- Savings account

Furthermore, I authorize SelectHealth and the DEPOSITORY named below to initiate credit entries and other adjustments of any debit entries made in error. I understand that debit entries will be made to the account on or around the 5th business day of each month.

Signature _____ Date _____

Printed Name _____ Title _____

Please attach a voided check in this space for the purpose of setting up your preauthorized banking withdrawal.

Please DO NOT use a deposit slip.
Not all deposit slips contain the information that is necessary to set up your account.

Depository Bank: JPMorgan Chase Bank, N.A.

Address or Branch: 185 South State Street

City, State, & ZIP: Salt Lake City, UT 84111

This agreement shall remain in effect until I give SelectHealth written notification of its termination and allow a reasonable amount of time for SelectHealth and the DEPOSITORY to act on it.