



# Small Group (CA) ACA Banking Consent Form

By signing below, I authorize Aetna to debit automatically Customer's bank account specified below (and to make corrections to previous debits) via automated clearing house transfers (ACH). I acknowledge there will be recurring debits in an amount equal to cover Customer's then-due premiums and I agree to keep sufficient funds in the bank account to cover these debits. I understand that Aetna's rights with each debit are the same as if the debit was a signed check. I agree to abide by the timing and rules regarding billing and payment as contained in the Group Policy or Group Agreement, as applicable, and the Small Business Employers Administrative Handbook.

The amount withdrawn will be deposited into an account in the name of Aetna Health of California Inc. Customer agrees to instruct their bank to accept such ACH Debit transfer requests.

This authorization is effective immediately and shall remain in force until terminated. I understand that I must give at least 30 days notice to terminate or change this authorization and that Aetna is not responsible for charges I may incur from my bank because of late notification of termination or change to Aetna. I further agree that I am responsible for any fees charged by my bank related to electronic funds transfer (EFT) or ACH, including overdraft, insufficient funds or electronic transaction fees.

**Customer Name:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

### Customer Banking Information / Authorized to ACH Debit

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Account Type (Check one):      Checking Account      Savings Account

ACH Routing (ABA) Number: \_\_\_\_\_

Draft Date (please select one):

Due Date (default option)      2nd - 28th (enter day \_\_\_ )      Last banking day of current month

*Payment must be received within 31 days immediately following the Premium Due Date.*

*If selected date falls on a weekend or holiday, the draft will occur on the preceding banking day.*

Additional payment options requested

### Customer Contact **Required**

### Accounts Payable (Person responsible for payment)

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Customer Authorized Signature

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_