

# ACH Authorization Form

Fill out the following form to allow Cigna + Oscar to store and debit payments from your bank account. By submitting this form, you are authorizing Cigna + Oscar to debit the first month's full premium automatically upon approval. Subsequent payments will be deducted automatically only if auto-pay is selected. ACH payments are easy and will help get your employees their member ID cards faster and easier!

Section A: Business billing information		
Billing contact (print full name)	Business name	
Group number (if available)		
Section B: ACH account information		
Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>10724043331</b> <b>1234567890</b> <small>Routing number (9 digits) Account number</small>	
Bank name	Routing number	
Account number	Confirm account number	
Section C: Payment settings		
<input type="checkbox"/> <b>Enroll in auto-pay</b> Have your bill automatically paid each month with the bank account you chose in the section above.	<input type="checkbox"/> <b>Enroll in paperless billing</b> Save paper and have your bill emailed to you and your team each month.	
Section D: General agreement		
<p>I hereby authorize Cigna + Oscar, including its parent, affiliates and subsidiaries (Cigna Health and Life Insurance Company + Mulberry Management Company) to initiate entries to the checking/savings account at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Cigna + Oscar notifies me that this service has been discontinued, or I notify Cigna + Oscar in writing to cancel it in such time as to afford Cigna + Oscar and the financial institution a reasonable opportunity to act on my request. I agree to notify Cigna + Oscar in writing of any changes in my account information at least 15 days prior to the next billing date. If payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that ACH debits to the checking/savings account are electronic transactions and funds may be withdrawn from the account as soon as the above noted periodic transaction dates. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form.</p>		
Signature of applicant	<div style="border: 1px solid red; border-radius: 15px; padding: 2px 10px; display: inline-block;">Sign here</div>	Printed name
X .....		Date (mm/dd/yyyy)

**Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company.**

Benefits are administered by Mulberry Management Corporation, an affiliate of Oscar Insurance Company; Oscar Health Plan, Inc; Oscar Health Plan of Georgia and Oscar Health Plan of California. Pharmacy benefits are provided by Express Scripts, Inc.