COBRA/Direct Billing Participant Use ONLY | ACH Agreement Form

The P&A Group | 17 Court Street, Suite 500 | Buffalo, NY | 14202-3294 | fax 716-855-7107

☐ New ☐ Change to existing

Please complete this form in its entirety to authorize automatic deductions from your checking or savings account to pay for your health insurance premium(s). You will no longer receive a paper bill in the mail and the auto deductions will occur approximately the 5th of each month. A confirmation letter will be sent to you to confirm when the automatic deductions will begin

Former Employer Name: _____

Your Name: _____

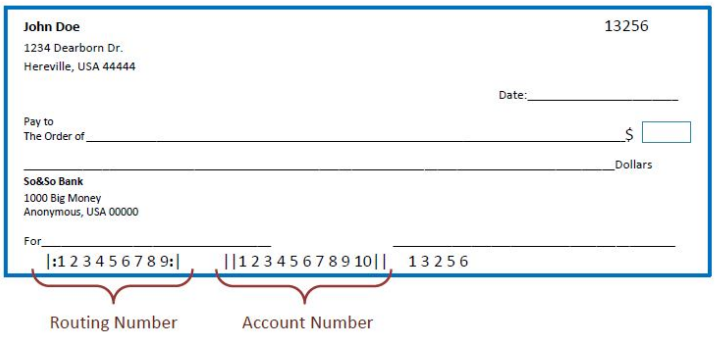
SSN: _____ Phone: _____

E-mail: _____

Banking Institution: _____

Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Routing Number: ☐☐☐☐☐☐☐☐☐
*Must begin with 0, 1, 2, or 3



Please send a copy of a voided check or bank form showing the information above along with this form.

INSTRUCTIONS ON HOW/WHERE TO SEND IT:
This form is also available online. To complete the online authorization form, go to www.padmin.com, login to your account and choose "Direct Deposit" from the "Quick Links" box on the left, follow the prompts on the page and submit. OR Fax these completed forms to (877) 855-7107 or mail to P&A Group, Group Insurance Department, 17 Court Street, Suite 500, Buffalo, NY 14202.

I hereby authorize The P&A Group to automatically withdraw funds from my checking or savings account (as indicated above) in the amount of my health insurance premium automatically. I can cancel my automatic payment anytime by submitting a request in writing to P&A Group. I consent that this arrangement will remain in effect until canceled by me or my banking institution. I understand that the change may take up to 30 days to process.

I understand that this is my responsibility to notify P&A of all future changes to my bank account number and routing number. If I fail to notify P&A of changes of this nature, I will be responsible for reimbursing P&A for all applicable bank charges.

Authorized Signature: _____ Print Name _____

Date _____

PLEASE NOTE THAT ANY ACCOUNT CHANGES MUST BE COMMUNICATED IMMEDIATELY BY USING THIS FORM TO NOTIFY P&A IN ORDER TO AVOID REJECTION FEES AND/OR PENALTIES.