



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Request Type (Check Box) Change Add

Account Name				
Address				
	Street/P.O. Box	City	State	ZIP
Contact Name				
Contact Phone Number				
Contact Email Address				
Financial Institution				
Bank Account Number				
Routing Number (i.e., 123-456-789)				
Federal Tax ID				
Account Type	<input type="checkbox"/> Checking			

I authorize Planned Administrators, Inc. (PAI) to draw bank drafts on the above listed bank account for the initial deposit or replenishment of the individual coverage health reimbursement arrangement (ICHRA) and for the monthly administration payment. This authorization will remain in effect until I notify PAI in such time as to afford PAI reasonable time to act upon it.

Print Name

Signature

Title

Date