

Internal use only
Group number:

Automated Clearing House (ACH) Authorization

ACH Authorization Agreement For A One-time Payment Upon New Case Installation

Your company (hereinafter "Group") hereby agrees to allow Humana to initiate payment from Group consistent with the following:

1. The ACH payment will be pulled from the financial institution and account number authorized below in the amount of an approximation of the first month's premium payment, as acknowledged by the Group.
2. Payment shall be considered made when Humana initiates the ACH payment transaction from your company's financial institution upon completion of Group setup. If for some reason this payment is unable to be drafted, you will be contacted to authorize a new payment.
3. The initial ACH payment may be terminated by the Group by providing notification to the Sales Office prior to completion of Group setup. If notification is not received until after Group setup has been completed, a refund will be processed.

Group Information

Employer Legal Business Name

Street Address

City

State

Zip Code

Financial Institution Information

Name of Group's Financial Institution

Amount \$
(approximate first month's premium)

Street Address

City

State

Zip Code

Nine-digit American Banker's Association (ABA) Identifying Number for Routing the Transfer of Funds

Account Name to be credited with payments

Name on the account must match name of Group with which Humana is doing business.

Account Number

Signature

Group's Authorizing Official: By signing this document, you authorize Humana to initiate an ACH payment from the above company, upon completion of group setup.

Signature

Date

Printed Name

Phone number

Title

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