

Authorization agreement for pre-arranged payments



New authorization Transferring authorization to another bank Change of bank account number

Group name Geisinger Health Plan (GHP) Group ID no. 23-2815174
Address 100 N. Academy Ave., Ste. 32-51 City Danville State PA Zip 17822-3251

I hereby authorize the above listed company to initiate debit entries to my checking/savings account (check one) indicated below and the financial institution listed below to debit the same to such account.

Checking Savings

Financial institution Branch

Address City State Zip

Bank transit/ABA number Account number

This authority is to remain in full force and effect until the above listed financial institution has received written notification from me of its termination in such time and in such manner as to afford the above listed financial institution a reasonable opportunity to act on it.

Group name Group ID number

Date Signed

Email address (for payment communication)

Auto debit payments for fully insured business will be pulled on the 1st of each month.

All done? Return this completed form to us at GHPFinanceCash@geisinger.edu or fax to 570-214-1569.