

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(Please see instructions below)

1. EMPLOYER NAME _____
2. CHECKING ACCOUNT NAME _____
3. BANK OR FINANCIAL INSTITUTION NAME _____
4. I (we) hereby authorize CHURCH HEALTH, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.
5. This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.
6. NAME(S) _____
7. TAX ID NUMBER _____
8. PRINT NAME: _____ PRINT NAME: _____
SIGNATURE: _____ SIGNATURE: _____
DATE: _____ DATE: _____

****IMPORTANT: PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM****

For Office Use Only

Group ID Number: _____ Group Name: _____

Account Number: _____ RTTN/ABA #: _____

Instructions:

Bank account must be a checking account. Debit accounts and savings accounts do not qualify for draft.

1. Print your company name here. This name should be the same name that is on the Employer Enrollment Agreement. If you are self-employed or a private household, print your full name here.
2. Print the name on the checking account here. This name must be the Employer Name, Contact Name or Owner Name from the Employer Enrollment Agreement.
3. Print the name of your bank or financial institution where your checking account is located.
4. This statement acknowledges permission given to the MEMPHIS Plan to draft your checking account monthly for the amount of your invoice.
5. This statement acknowledges that Church Health can continue to draft your checking account until you notify your bank and the MEMPHIS Plan of your account termination. You must allow appropriate time for termination notification.
6. Print name(s) of person(s) who has financial responsibility for your company.
7. Write your company's Tax ID Number here. If self-employed or a private household, write your social security number here.
8. Print the name of the person who is responsible for signing checks for your company. If your account requires two signatures on a check, print both names. Each person will need to sign and date the form in the space provided.

If there are any questions concerning this form, please call the MEMPHIS Plan office at (901)-272-7526.

****This form cannot be processed without a voided check attached****

Return form to: MEMPHIS Plan
Church Health
1350 Concourse Avenue, Ste. 142
Memphis, TN 38104