



### Recurring Bank (ACH) Payment Authorization

You authorize regularly scheduled withdrawals from your bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you at your request, and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes in which case you will receive notice from us at least ten (10) days prior to the payment being collected.

I, \_\_\_\_\_ (Customer), authorize **Health Connect Ohio** (Merchant) to charge my bank account indicated below for \$ \_\_\_\_\_ on the 1st day of each month. This payment is for the following:  
**Managed Health Care Plan.**

#### Billing Information

Billing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### Bank Detail

Account Type: Checking \_\_\_ Savings \_\_\_

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number (#): \_\_\_\_\_ Routing Number (#): \_\_\_\_\_

#### Account Holder Signature

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant, in writing, of any changes to my account, or my request to terminate this authorization at least fifteen (15) days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand the because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Merchant may, at its discretion, attempt to process the charge again within thirty (30) days, I agree to an additional \$30.00 charge for each attempt that is returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. I certify that am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_