



Banner | Aetna SG Plus Banking Consent Form

By signing below, I authorize Banner | Aetna to debit automatically Customer's bank account specified below (and to make corrections to previous debits) via automated clearing house transfers (ACH). I acknowledge there will be recurring debits in an amount equal to cover Customer's then-due premiums and I agree to keep sufficient funds in the bank account to cover these debits. I understand that Banner | Aetna's rights with each debit are the same as if the debit was a signed check. I agree to abide by the timing and rules regarding billing and payment as contained in the Group Policy or Group Agreement, as applicable, and the Small Business Employers Administrative Handbook.

The amount withdrawn will be deposited into an account in the name of ALIC (Aetna Life Insurance Company). Customer agrees to instruct their bank to accept such ACH Debit transfer requests.

This authorization is effective immediately and shall remain in force until terminated. I understand that I must give at least 30 days notice to terminate or change this authorization and that Banner | Aetna is not responsible for charges I may incur from my bank because of late notification of termination or change to Banner | Aetna . I further agree that I am responsible for any fees charged by my bank related to electronic funds transfer (EFT) or ACH, including overdraft, insufficient funds or electronic transaction fees.

Customer Name: _____

Effective Date: _____

Customer Banking Information / Authorized to ACH Debit

Bank Name: _____

Bank Account Number: _____

Bank Account Type (Check one): Checking Account Savings Account

ACH Routing (ABA) Number: _____

Draft Date (please select one):

Due Date (default option) 2nd - 28th (enter day ___) Last banking day of current month

Payment must be received within 31 days of the Due Date.

If selected date falls on a weekend or holiday, the draft will occur on the preceding banking day.

Additional payment options requested

Customer Contacts Required

Accounts Payable (Person responsible for payment)

Name (Printed): _____

Title: _____

Phone: _____

Email: _____

Customer Authorized Signature

Signature: _____

Name (Printed): _____

Title: _____

Phone: _____

Email: _____

Date: _____