

Authorization agreement for pre-arranged payments (auto-debits)☐ New authorization☐ Transferring authorization
to another bank☐ Change of bank
account number

Company name Geisinger Indemnity Insurance Company Company ID no. 23-2815174
Address 100 N. Academy Ave., Ste. 23-51 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. The client is responsible to ensure the account listed on this authorization form will accept ACH withdrawals.

Customer name

Group number

Date

Signed

Email address (for payment communication)

Your first month's payment:

Failure to remit the initial payment by due date may result in claims payment delays.

- ☐ The group is required to have their first month's premiums pulled on the 1st of the month of the group's effective date. *If the form is received after the 1st of the month of the effective date, the premium will be pulled on the date the form is received.

If employer group's account is not funded in full by the 1st of the month, Geisinger Health Plan may suspend provider payments immediately. Geisinger Health Plan shall not be responsible for delays in provider payments due to insufficient funds in employer group's account.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.
HPM50 ab GFA auto debit form Rev. 10/2020