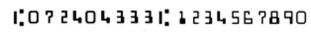


# ACH Authorization Form

Fill out the following form to allow Cigna + Oscar to store and debit payments from your bank account. By submitting this form, you are authorizing Cigna + Oscar to debit the first month's full premium automatically upon approval. Subsequent payments will be deducted automatically only if auto-pay is selected. ACH payments are easy and will help get your employees their member ID cards faster and easier!

<b>Section A: Business billing information</b>			
Billing contact (print full name)	Business name		
Group number (if available)			
<b>Section B: ACH account information</b>			
Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex: 1; text-align: center;">    <small>Routing number (9 digits)</small> </div> <div style="flex: 1; text-align: center;">    <small>Account number</small> </div> </div>		
Bank name	Routing number		
Account number	Confirm account number		
<b>Section C: Payment settings</b>			
<input type="checkbox"/> <b>Enroll in auto-pay</b> Have your bill automatically paid each month with the bank account you chose in the section above.	<input type="checkbox"/> <b>Enroll in paperless billing</b> Save paper and have your bill emailed to you and your team each month.		
<b>Section D: General agreement</b>			
<p>I hereby authorize Cigna + Oscar, including its parent, affiliates and subsidiaries (Cigna Health and Life Insurance Company + Oscar Health Administrators) to initiate entries to the checking/savings account at the financial institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Cigna + Oscar notifies me that this service has been discontinued, or I notify Cigna + Oscar in writing to cancel it in such time as to afford Cigna + Oscar and the financial institution a reasonable opportunity to act on my request. I agree to notify Cigna + Oscar in writing of any changes in my account information at least 15 days prior to the next billing date. If payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that ACH debits to the checking/savings account are electronic transactions and funds may be withdrawn from the account as soon as the above noted periodic transaction dates. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form.</p>			
Signature of applicant  X.....	<input type="button" value="Sign here"/>	Printed name	Date (mm/dd/yyyy)