

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!

Section A: Business billing information		
Billing contact (print full name)		Business name
Group number (if available)		
Section B: ACH account information		
Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	10724043331 1234567890 Routing number (9 digits) Account number	
Bank name	Routing number	
Account number	Confirm account number	
Section C: Payment settings		
<input type="checkbox"/> Enroll in auto-pay Have your bill automatically paid each month with the bank account you chose in the section above.	<input type="checkbox"/> Enroll in paperless billing Save paper and have your bill emailed to you and your team each month.	
Section D: General agreement		
<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 I understand that ACH debits to the checking/savings account are electronic transactions and funds may be withdrawn from the account as soon as the above noted periodic transaction dates.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	<div>Sign here</div> Printed name	Date (mm/dd/yyyy)