

ACH Authorization Form

Fill out the following form to allow Oscar to store and debit payments from your bank account. By submitting this form you are authorizing 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		<div>107240433311234567890</div> <div>Routing number (9 digits) Account number</div>	
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 Oscar Insurance Corporation, including its parent, affiliates and subsidiaries (Oscar) 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 Oscar notifies me that this service has been discontinued, or I notify Oscar in writing to cancel it in such time as to afford Oscar and the financial institution a reasonable opportunity to act on my request. I agree to notify 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 I understand that ACH debits to the checking/savings account are electronic transactions and funds may be withdrawn from the account as soon as the above noted periodic transaction dates.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		Printed name	Date (mm/dd/yyyy)
<div>X</div> <div>.....</div>			