



ACH Credits Enrollment Form Authorization Agreement

Group Health Cooperative of Eau Claire offers Automated Deposits (ACH Credits) to expedite your payment. **To participate, return a voided check or bank letter with this completed form.**

Bank Information		
Depository Bank Name		
City	State	Zip
Routing No.	Account No.	

Company Information		
Company Name		
Address		
City	State	Zip
Tax ID	NPI	
Contact Name		
Phone	Fax	Email
<p>I hereby authorize Group Health Cooperative of Eau Claire to initiate credit entries to the financial institution and account number listed above. It is further agreed that if any part of the financial information is incorrect on this form your payment will be delayed until the funds are returned to the Cooperative's bank account.</p> <p>Please return this form to:</p> <p>Group Health Cooperative of Eau Claire Attn: Finance PO Box 3217 Eau Claire, WI 54702-3217</p> <p>All future changes to the financial institution information you have provided to us will require a new Authorization Agreement form to be completed and mailed to the above address.</p>		
Authorized By		Date
Print Name		Date