Asuris Northwest Health
528 East Spokane Falls Boulevard
Suite 301
Spokane, WA 99202

GROUP SUREPAY AUTHORIZATION

SUREPAY is a simple and convenient way to keep your company's health coverage in force. If you select the SUREPAY option of paying for your Asuris Northwest Health health insurance the payment will be deducted automatically from your account on the draft date you have designated. This will provide several advantages to you:

- Your payment will always be made on time (if funds are available in your account).
- You won't have to worry about your employees coverage accidentally lapsing due to overlooked payments.
- Your monthly bank statement will show a withdrawal notation which is your receipt of payment.

GETTING STARTED is as easy as 1 - 2 - 3:

1. **Complete**, date and sign the authorization below.
2. **Write** "void" on one of your checks.
3. **Return** this completed form and your "voided" check (not a deposit slip).

Your monthly billing statement will indicate when deductions are to begin.

SOME SUGGESTIONS:

- **Check register reminder:** When you receive your monthly statement be sure to enter the payment amount in your check register. This will help you keep your account in balance and avoid overdraft problems.
- **If you change your bank or wish to cancel your automatic deduction.**
  1. Do this at least 15 days before your next premium is due. We suggest you leave enough money in your old bank account to cover your payments in case there is a delay in processing the change.
  2. Just send us a copy of your new "voided" check and a note explaining that you have changed banks.

It is necessary to indicate which day you want your payment made.

☐ **25th of the month** - When selecting this payment date, you are agreeing to prepay the next month's charges.

☐ **5th of the month** - When selecting this payment date, you are agreeing to pay the current month's charges.

If your group has multiple billing locations:

☐ Authorization applies to all billing locations.

☐ Authorization applies to the following billing location(s)_____

Please Note - The billing invoice is created approximately 5 days prior to the payment date. Any changes to your company's eligibility roster made after the billing invoice is created will not be reflected in that month's payment amount.

SUREPAY AUTHORIZATION

1. COMPLETE and sign this authorization form.
2. ATTACH your voided check (**not** a deposit slip). *For savings account please provide proof of ownership of the account.*
3. RETURN to Asuris Northwest Health (PO Box 1200, Portland, OR 97207-1200).

AUTHORIZATION TO MY BANK ☐ Checking Account ☐ Savings Account

As a convenience and on behalf of the Account Holder identified below, I/we hereby request and authorize you to pay and charge to the account identified below, checks or electronic debits drawn on the account by and payable to the order of Asuris Northwest Health, Seattle, Washington. I/we agree that your rights to each such check or electronic debit shall be the same as if it were an actual check drawn on you and signed by me/us. This authority is to remain in effect until revoked by me/us in writing, and until you actually receive such notice, I/we agree that you shall be fully protected in honoring any such check. I/we further agree that if any checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. A photocopy of this executed authorization shall be as valid as the original.

Financial Institution	Transit/Routing Numbers	Account Number

Group Name (please print) _____ Group Number _____ (mm/dd/yyyy) Date _____

▶ _____ Account Holder's Authorized Signature(s) - as it appears on bank records

_____ Account Holder's Name (please print)

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