

Employer Authorization
for Electronic Withdrawal of Initial Premium from Checking Account Letter

The Letter of Authorization must be:

- on the employer's letterhead;
- dated with both the date signed by the employer and the effective date of the proposed transaction; and
- signed by an authorized officer, owner, or partner of the employer; and
- a copy of a voided corporate check must be attached.

The text of the Letter of Authorization must be substantially similar to the following:

Please be advised that _____ (the "Employer") hereby authorizes AmeriHealth to directly access its checking account for payment of initial premiums effective _____ (date) and ending _____ (date).

By: _____
(Signature)

Date: _____

Name: _____

Title: _____

Account Number: _____

Type of Account: _____

Financial Institution: _____

Routing Number: _____