



### Employer Account Funding Authorization

**1. Please Check One:**

NEW ACH Account

CHANGE ACH Account

CANCEL ACH Authorization

**2. Vendor/Employer Client Payee Information****Name:****Address:****Contact Person's Name (if other than payee):****Telephone Number:****Email Address:****3. Financial Institution Information****Bank Name:****Bank Address:****Name on Bank Account:****Nine-Digit Bank Routing/Transit Number (ABA):****Bank Account Number:****Type of Account:**

Checking

Savings

**Initial Funding Amount:** \_\_\_\_\_

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize benefitbay™ Finance Department to electronically withdrawal payments from the bank account designated above. I authorize benefitbay™ to pull the amount\* necessary to cover monthly premiums. It is my responsibility to notify benefitbay™ of any changes to the account on file that I wish to fund premiums from. I understand I must notify the bank if positive pay is enabled of the authorization for benefitbay™ to pull these funds under Payer ID: 1000073039. In addition, if I wish to remove this authorization, I must send a Cancel ACH Authorization form in the future. (\*Variations may occur month-to-month due to changes in employee population and participation)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form via email: [benefitbay@bill.com](mailto:benefitbay@bill.com)