Direct Debit (ACH) Authorization for Continuation Coverage Premium Payments

Name (please print)		Social Security Number
Former Employer's Name	Saint Paul Public Schools	Day Time Telephone Number

Instructions: To begin direct debit of your premiums, complete Section A. To terminate direct debit, complete Section B. **If you are changing accounts or terminating direct debit, you must notify us *prior* to closing your current account.**

A. Authorization Agreement for Pre-Authorized ACH Debit

I (we) hereby authorize ThrivePass (on behalf of the employer specified above), to initiate debit entries to my (our) account at the financial institution named below for purposes of paying continuation coverage premiums. I (we) understand that the debits will post to the account on the first business day of the month for which the premium is due. I further understand that the premiums may change from time to time and that I will be notified in advance of any such change.

Please send an email notification (in lieu of mail) of premiums deducted to: _____

ACH Effective Date: _____ ACH End Date (if known; not required) _____

Name of Financial Institution	
Branch	Transit Routing Number
Branch Phone Number	Account Number

This authority is to remain in full force and effect until ThrivePass has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ThrivePass a reasonable opportunity to act on it. I understand that this payment plan may be cancelled by ThrivePass due to NSF (Non- sufficient Funds) and that I will be liable to pay an NSF fee of $25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

NAME(S): _____ DATE: _____
(PLEASE PRINT)

SIGNED: _____ SIGNED: _____
NOTE: If account is jointly held, BOTH parties must sign this authorization form.

B. Terminate ACH Debit:

Please terminate direct debits from my checking account on the following date: _____

_____ _____
Signature Date

You must include a voided check with this form. Deposit slips are <u>not</u> acceptable.

Fax to 952-544-8287 or mail to:

ThrivePass
PO Box 24770
Seattle, WA 98124-0770