

ACH Direct - Authorization Form for Payment of Health Insurance Premium through the Manatee County Medical Society Health Plan

STATEMENT OF UNDERSTANDING

As a participant of ACH Direct, I agree to and/or understand all of the following on behalf of my group.

It may take up to one month to establish this process. If a customer is overdue on a prior bill, a delinquency letter will be sent to the customer, and must be paid to ensure the account is not cancelled prior to the process being set up.

I authorize S. Barrett & Sons, Inc. dba Barrett, Liner & Co. to debit my group's checking or savings account for all monthly charges for coverage.

I ensure sufficient funds are in my group's checking or savings account to cover my premium invoice.

If the necessary funds are not on deposit in the account by the 15th of the month, my group's coverage may be subject to termination.

I will promptly notify Barrett, Liner & Co. of any change to my group's checking or savings account. If a change occurs it is my responsibility to provide Barrett, Liner & Co. with the current information.

Please complete the information below to enroll in ACH Direct

AUTHORIZATION

I hereby authorize Barrett, Liner & Co. to initiate electronic debits to the financial institution indicated below for the purpose of paying my group's monthly Health Insurance premium. This financial institution is authorized to debit my account. This authority is to remain in full force and effect until either my group revokes it by giving 30 days prior written notice to Barrett, Liner & Co.; it is cancelled by Barrett, Liner & Co. under the conditions stated above, or upon termination of my group's coverage with Blue Cross Blue Shield of Florida through the Marion County Medical Society Insurance Trust. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I have read and agree to the terms and conditions outlined above.

Group Practice Name		Group#
Name of Financial Institution	City	State
Account Number of Financial Institution	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account	
Routing Number of Financial Institution		
Authorized Signature	Date	

Please attach a copy of a voided check or savings deposit ticket.