

Authorization Agreement for Automated Clearing House (ACH) Commission Payments Form



The Aspirus Health Plan, Inc. (“AHP”) form is an agreement designed for any Wisconsin-based insurance agency (“Agency”) which has in effect a current AHP Agency Agreement (“Agency Agreement”) to request that commission payments to be made by AHP in accordance with its Agency Agreement be paid to the Agency’s designated account held by the Agency’s designated financial institution/bank using AHP’s Automated Clearing House (“ACH”) process.

The attached AHP form must be executed by the Agency’s authorized representative. For commissions becoming due and payable by AHP to the Agency pursuant to its Agency Agreement with AHP, the Agency’s authorized representative’s execution of the attached form will allow AHP to proceed as described therein, including, but not limited to, depositing commissions in the form of United States dollars into the Agency’s designated account held by the Agency’s designated financial institution/bank, and making adjustments thereto for any commission payments made in error thereto.

Return completed, signed form to: Aspirus Health Plan, ATTN: Commissions, PO Box 1890, Southampton, PA 18966 or email to: Finance@AspirusHealthPlan.com. If you have questions, please call Customer Service at: 866.631.5404.

| AGENCY INFORMATION | | | |
|---|----------------|--|-------------------|
| Agency’s Authorized Representative’s Name | | Tax ID/EIN/SSN | Telephone Number |
| Agency’s Legal Name | | Agency’s “Doing Business As” Name | |
| AGENCY’S BANK INFORMATION | | | |
| <i>Please include a voided check or confirmation of account information on bank letterhead with this agreement for verification of the Agency’s Account number.</i> | | | |
| Name on Account | | | |
| Bank Name | | Bank Contact Person | Bank Phone Number |
| Bank Street Address | City | State | Zip Code |
| Routing Number | Account Number | Type of Account (<i>check one</i>) <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| AUTHORIZATION | | | |
| <p>This Agreement is executed by the Agency’s authorized representative in connection with the Agency’s existing Aspirus Health Plan, Inc. Agency Agreement (“AHP Agency Agreement”) with Aspirus Health Plan, Inc. (“AHP”) in order to request that commission payments to be made by AHP to the Agency in accordance with the Aspirus Health Plan, Inc. Agency Agreement using AHP’s Automated Clearing House (“ACH”) process. For commissions becoming due and payable by AHP to the Agency pursuant to its existing AHP Agency Agreement, the Agency’s authorized representative’s execution of this Agreement will allow AHP to proceed as described herein, including, but not limited to, depositing monetary funds in United States dollars into the Agency’s account indicated above (“Account”) held by the Agency’s financial institution/bank indicated above (“Depository”) and making adjustments thereto for any payments made in error thereto.</p> <p>I, the undersigned, acting as the authorized representative of the Agency, hereby authorize AHP, to initiate commission credit entries and, in accordance with 31 CFR § 210.6(f), to initiate adjustments for any commission credit entries made in error to the Account. I hereby authorize the Depository, to credit to such Account using AHP’s ACH process.</p> <p>I understand and agree that the Account must be drawn in the Agency’s Legal Name indicated above. I further hereby certify that I have sole and exclusive control of the Account, and hereby certify that all financial and other arrangements between the Depository and the Agency comply with, and are in accordance with, all AHP policies, procedures, instructions, and practices established for its ACH process.</p> <p>This Agreement is effective as of the signature date below and is to remain in full force and effect until AHP has received written notification from the Agency’s authorized representative of the Agency’s termination of this Agreement in such time and such manner to afford AHP and the Depository a reasonable opportunity to timely act on it. AHP will continue to send the payments due the Agency under its AHP Agency Agreement to the Depository for deposit in the Account until notified by the Agency’s authorized representative that the Agency wishes to change the financial institution/bank which functions as the Agency’s depository for purposes of receiving commission payments from AHP through its ACH process. If the Agency’s depository’s information changes, the Agency agrees to submit to AHP a new Authorization Agreement For Automated Clearing House (ACH) with the new depository’s information to replace this Agreement.</p> | | | |
| Agency’s Authorized Representative’s Name (<i>Print</i>) | | Agency’s Authorized Representative’s Title | |
| Agency’s Authorized Representative’s Signature X | | | Date |