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**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)
 EMPLOYER GROUP / COBRA MEMBER FORM**

Please check the box that best describes you: Employer Group Group #: _____
 COBRA Member Member ID#: _____

COMPANY OR MEMBER INFORMATION (ALL FIELDS MUST BE COMPLETED):

GROUP NAME OR MEMBER NAME: _____ TAX ID NO.: _____

ADDRESS: _____ APT./SUITE #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.: (Day) _____ EMAIL ADDRESS: _____

Checking account holder, please sign below:

I authorize UHA and the bank shown below to begin electronic credit and/or debt entries to my (our) account.

Print Name	Job Title	Signature	Date
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BANK INFORMATION:

ATTACH A COPY OF A VOIDED CHECK IN THIS BOX

(CHECKING ACCOUNTS ONLY – SAVINGS ACCOUNTS ARE NOT ELIGIBLE)

IMPORTANT INFORMATION

TERMS OF AGREEMENT: Electronic bank deposit entries shall be initiated by UHA to pay for authorized products and services and the entries shall constitute my receipt for the transaction(s). I understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I also understand that any direct electronic receipt will be credited and that this process could take up to 60 days before completing this transaction.

I will be responsible for all electronic funds transfer charges required by my financial institution.

Please be advised that our billing invoices are generated within the first week of the month for the next month's premium coverage. Therefore, any notification of changes in membership received by UHA after the 1st of the month will be reflected on a subsequent invoice. UHA will issue premium refunds for invoices reflecting a credit balance.

NOTE: UHA reserves the right to refuse or terminate electronic payment and/or collection services. This agreement is to remain in effect until UHA terminates it or receives written notification of its termination and has sufficient time to act on it.

INSTRUCTIONS:

- 1) Keep a copy of the completed form for your records.
- 2) Send this form and attach a voided check (deposit slips are NOT acceptable) in the provided space above, or a confirmation letter in lieu of a check from your financial institution to: Employer Services Department, UHA, 700 Bishop Street, Suite 300, Honolulu, HI 96813