

Email to: **Sal Curiel** at scuriel@bestlife.com

Customer ACH Enrollment Form

BEST Life offers ACH automated payments. Go-Green and never have to worry about your bill again!

Please complete this form and attach your voided check below.

Company Information

Company Name: _____

Group Number: _____

Contact Name: _____

Contact Phone or Email: _____

Financial Institution Information

Bank Name: _____

Account Type (Checking or Savings): _____

Please attach a voided check here, or on a separate page and send with this form.

Requests without a voided check will not be able to be processed.

ACH payments will be debited on the 28th of each month for the total amount due. If the date falls on a weekend or holiday, the ACH will withdraw the next business day.

Certification

I, as a representative for the above named company, hereby authorize BEST Life and Heath to withdraw premium payments from the designated account on a recurring basis. This authority remains in place until the employer group representative provides written notice of change or cancellation.

Print Name: _____ Authorized Signature: _____

Title: _____ Date: _____

Save

Print

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