

BENEFIT CHOICES  
Business Services Corporation  
5 Computer Drive South  
Albany, NY 12205



Health Insurance Premium  
Direct Debit Authorization Form

Section 1: Authorization Agreement

By completing this form, I authorize Business Services Corporation d/b/a Benefit Choices (hereinafter referred to as B.S.C.) to set up electronic direct debits (ACH) to deduct the monthly insurance premium from the designated account shown below on the 1st business day of each month, to cover the premium billed for that month. The amount of the ACH will agree with the last monthly billing statement. It may also change effective the first of each year depending on carrier, plan or rate changes during the Open Enrollment period.

I acknowledge that B.S.C. cannot advance funds to the carrier without receiving my monthly payment. Therefore, in the event sufficient funds are not available in my designated account or debits cannot otherwise be accepted, my health insurance coverage is at risk for termination. B.S.C. reserves the option to terminate coverage if the rejected monthly ACH is not immediately replaced. Failure to terminate on any one occasion shall not constitute a waiver or preclude B.S.C. from imposing termination on another occasion. If coverage is terminated, I acknowledge that reinstatement is at the discretion of the Carrier.

A fee of \$25.00 will be imposed for any ACH that is returned by my bank for insufficient funds.

I also agree to hold B.S.C. harmless and to indemnify B.S.C. as against any claim of liability or loss resulting from or arising out of the suspension or termination of insurance coverage. B.S.C. reserves the right to pursue any and all legal actions available to it in order to remedy direct or indirect losses and/or costs it sustains or will sustain from breach of this agreement and/or cancellation of said insurance coverage, including legal fees and court costs.

This agreement will remain in effect until B.S.C. receives a written notice of cancellation from me or my financial institution or until I submit a new direct debit form.

Section 2: Account Information (please print)

Check One:  Checking  Savings

Name of Financial Institution: \_\_\_\_\_

Account Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

BSC Customer # \_\_\_\_\_

Section 3: Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_