

Electronic Funds Transfer



Automatic Premium Payment

Electronic Funds Transfers (EFT) are set up for ease in paying a Group's monthly insurance premiums.

For a Group that enrolls in this service, their monthly premium (exact amount due on premium statement) will be directly withdrawn from the Group's bank account on the due date shown on their monthly premium statement.

To enroll in EFT for premium payments, the Group will need to submit the following documentation to Small Business Insurance Services, LLC:

- Signed and completed Authorization Agreement for Direct Payment (ACH Debits) form
- VOIDED check

These completed items will need to be submitted to Small Business Insurance Services, LLC three days prior to the due date shown on the invoice to begin the EFT that month. All forms received after that date will be processed for the following month.

You will receive notification with your bill when the balance is due and will be taken out of your account.

If at the time of the payment the entire funds are not available, we will request a cashier's check from the Group. If this occurs a second time, the EFT service will be canceled.

To cancel your EFT, please send written notice signed by the authorized personnel to Small Business Insurance Services, LLC at least two weeks prior to your next scheduled payment.

Charges will appear on your account as Small Business Insurance Services.



Small Business Insurance Services, LLC is a subsidiary of Small Business Association of Michigan.

Contact your member care team with any questions:

SBAM Member Care
sbam.org/membercare
membercare@sbam.org
(800) 362-5461

Authorization Agreement for Recurring Direct Payment (ACH Debits)



Company Name

Company Tax ID

Billing Contact Person (First and Last Name)

Billing Contact Person Email

I (we) hereby authorize Small Business Insurance Services, LLC, hereinafter called COMPANY, to initiate debit entries to my (our) checking account or savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the previous provisions of the United States law.

☐ Blue Cross Blue Shield and/or Blue Care Network ☐ OneAmerica Financial

Depository Name

Branch

City / State

Zip Code

Routing Number

Account Number

☐ Checking ☐ Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature

Date

Printed Name

Title

Note: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.