

Pay Type Form

69173349 (4/20)



PLEASE PRINT CLEARLY

*** This information is mandatory.** Form processing may be delayed if fields with an asterisk are not filled out.

Section 1 Original Qualified Beneficiary

* First name	* Last name	* Social Security Number
* Group/Former Employer		

Section 2 Payment (Choose one option)

Electronic Funds Transfer (EFT)*

* Bank name	* Branch
* Bank routing no.	* Bank account no.

This authority is to remain in full force and effect until BenefitHelp Solutions and my bank have received written notification from me of its termination in such time and in such manner as to afford BenefitHelp Solutions and my bank a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to my bank in such time as to afford my bank a right to have the amount of an erroneous debit immediately credited to my account by my bank, provided I send written notice of such error to the bank within 15 days following the issuance of the account statement or 45 days after posting, whichever occurs first.

I acknowledge that this form may be electronically signed and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

* Authorized contact signature	* Date
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** Please attach a voided check to verify checking/savings account number.*

Monthly Invoice (Self Pay)

If payments are not received by the first of each month, your account will be in arrears and you may receive termination warning from the carrier.

I acknowledge that this form may be electronically signed and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

* Authorized contact signature	* Date
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Return the completed form to BenefitHelp Solutions

Mail: BenefitHelp Solutions, PO Box 40548, Portland OR 97240-0548 **Phone:** 800.556-3137 or 503.765.3581 **Fax:** 888-393-2943
Questions? Contact BenefitHelp Solutions at 888-387-5440, Monday - Friday 7:30 a.m. to 5:30 p.m. PST.