



## Preauthorized Banking Withdrawal Agreement Small Employer

**Complete this form only if you have elected Preauthorized Banking Withdrawal. Do not complete this form if you have chosen Online Billing and Payment or Monthly Payment.**

Account Holder's Name \_\_\_\_\_

I authorize SelectHealth to initiate debit entries to the account indicated below. This account is a (check one):

- Checking account
- Savings account

Furthermore, I authorize SelectHealth and the DEPOSITORY named below to initiate credit entries and other adjustments of any debit entries made in error. I understand that debit entries will be made to the account on or around the 5<sup>th</sup> business day of each month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Please attach a voided check in this space for the purpose of setting up your preauthorized banking withdrawal.

Please DO NOT use a deposit slip.  
Not all deposit slips contain the information that is necessary to set up your account.

**Depository Bank:** JPMorgan Chase Bank, N.A.

**Address or Branch:** 185 South State Street

**City, State, & ZIP:** Salt Lake City, UT 84111

This agreement shall remain in effect until I give SelectHealth written notification of its termination and allow a reasonable amount of time for SelectHealth and the DEPOSITORY to act on it.