Automated Clearing House (ACH) New Business Request

A. Business Information

Business Name:

B. Contact Information

1. Contact Name:	2. Daytime Telephone Number:

3. Contact Address:			
4. City:	5. State:	6. Zip Code:	7. Country:

8. E-Mail Address:	9. Re-Type E-Mail Address:

C. Premium Information

Initial Premium Payment Amount	$

D. Bank Information

1. Bank Account Type: (at this time we do not accept funds from savings accounts)	**CHECKING**
2. Account Holder Name: (must match the name as it appears on the actual check)	
3. Routing Number: (first 9 digits found on the bottom left of the check)	
4. Account Number: (the number on the bottom right of the check)	

E. Authorization

I understand that by completing this form I am authorizing Total Benefit Solutions and/or Total Benefit Solutions representatives to withdraw the **FIRST INITIAL PAYMENT** from my checking account. This is a one time authorization for the First month premium only.   I understand that this direct payment will be deducted from my checking account within 1 to 2 business days after notification of our group health plan approval. This approval will be send to my agent by Total Benefit Solutions

Sender's Name (Printed)	Sender's Signature
Date Signed (MM/DD/YY)	Contact Telephone Number