

Mail to: **Payment Processing**
PO Box 19721 | Irvine, CA 92623
Email to: thoug@bestlife.com
Enroll online: www.bestlife.com/ACH/online_banking.html
Phone: **800.433.0088**

Customer ACH Enrollment Form

BEST Life offers ACH automated payments. Go-Green and never have to worry about your bill again!

Please complete this form and attach your voided check below.

Company Information

Company Name: _____
Group Number: _____
Contact Name: _____
Contact Phone or Email: _____

Financial Institution Information

Bank Name: _____
Account Type (Checking or Savings): _____

Please attach a voided check here, or on a separate page and send with this form.

Requests without a voided check will not be able to be processed.

After the initial payment, we would like our recurring ACH payments to be debited on the _____ of each month for the total amount due. If the date falls on a weekend or holiday, the ACH will withdraw the next business day. []

Please note: If no date is chosen, your premium payment will default to the 15th of each month.

Certification I, as a representative for the above named company, hereby authorize BEST Life and Health to withdraw premium payments from the designated account on a recurring basis. This authority remains in place until the employer group representative provides written notice of change or cancellation.	
Print Name: _____	Authorized Signature: _____
Title: _____	Date: _____

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