



Health and Wellness Trust

Electronic Funds Transfer (EFT)

Name of Company _____

Group Number _____

New EFT Authorization Change EFT Authorization

Reason for Change: _____

I hereby authorize the COSE Health and Wellness Trust (COSE MEWA) to initiate debit entries to the below checking or savings account and financial institution. I authorize the COSE MEWA to debit the same account for the dollar amount of group healthcare benefits invoice due to the COSE MEWA on the invoice due date, which will usually occur on the first banking day of each month.

Bank Name: _____

City State and ZIP: _____

Transit / ABA Routing Number: _____

Bank Account Number: _____

Account Type: Checking Savings (Check One)

Please attach a voided check for checking account or a deposit slip for savings account in order to verify the banking information. Groups that are set up for Electronic Funds Transfer (EFT) payments do not get paper bills. You may view your invoices at EmployerLink.MedMutual.com.

This authority will remain effective until the COSE MEWA has received written notification to change or cancel authorization. I understand if the (EFT) is returned for insufficient funds, the COSE MEWA will permanently remove the group from the EFT program and I will be responsible for making the monthly payment. I acknowledge that I have retained a copy of this agreement for my records.

I decline EFT and agree to pay the \$25 monthly fee for non-electronic invoice payment by check.

Group Official Signature: _____

Title: _____

Date: _____