

PRE-AUTHORIZED PAYMENT FORM



Agency Information	Agency Name:	Agency ID#/ Location Number:
Agency Authorized Contact Information	Last Name:	First Name:
	Email:	Telephone Number:
OASSIS Policy	<p>Complete this form if you are interested in paying your monthly group benefit premiums to OASSIS via pre-authorized payment.</p> <p>By signing up for the pre-authorized payment, you will no longer be required to pay your monthly premiums by cheque. Instead, money will be transferred from your account to OASSIS at the beginning of the month approximately 10 days after receiving your premium statement.</p> <p>In order to qualify for the pre-authorized payment service, your agency must first be set up with e-bill delivery of your monthly premium statement. If you're currently receiving a hard copy of your statement by mail, your OASSIS Benefits Administrator can supply you with the e-bill consent form.</p> <p>Note: OASSIS must receive this form by the 15th of the month for pre-authorized payments to be applied on the next statement.</p>	
Effective Date (YYYY-MM)	WHICH PREMIUM MONTH WILL PRE-AUTHORIZED PAYMENTS BEGIN?	
Select One	<input type="checkbox"/> Apply for pre-authorized payment <input type="checkbox"/> Change Information on existing pre-authorized payment <input type="checkbox"/> Cancel pre-authorized payment as of _____	
Bank Account Information	<u>VOID CHEQUE IS REQUIRED FOR VERIFICATION PURPOSES</u>	
	Financial Institution Name	
	Branch Transit #	
	Bank #	
	Account #	
Authorization	<p>I understand that all the information supplied on this form will be kept confidential and does not permit OASSIS to have access to other banking information.</p> <p>Authorized Agency Signature: _____ Date: _____</p>	

Submit this form using one of the following methods: Mail/ Fax/ Email Your OASSIS Benefits Administrator