Health Net of California, Inc. and
Health Net Life Insurance Company (Health Net)

Health Net

Electronic Check Form

For new business groups

Applicant information – Electronic debit payment authorization

Policyholder name: ______________________ **Group number:** ______________________ **(Health Net use only)**
(Must match the name on the master application)

I authorize Health Net to debit my account for the **first month's premium only** upon approval of the attached application. This payment will be electronically debited from my company bank account, using the information provided, based on the copy of the check below, for

Amount of premium: ______________________ **Check number:** ______________________

Transit routing number: ______________________ **Account number:** ______________________

Checking account address: ____

This transaction will appear on your next bank statement as an electronic funds transfer (EFT) transaction.

If this item is returned unpaid, I authorize a returned check fee for the maximum amount as allowed by the state to be charged to this account. I also acknowledge that Health Net will not be responsible for any fees incurred if the original check is mailed and cashed.

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Employer signature **Title** **Date**

Attach copy of voided check

IMPORTANT: DO NOT MAIL OR ATTACH ORIGINAL CHECK

The Billing Department needs the most accurate information to debit your account. Therefore, the voided check is necessary for processing. **Please note: We are unable to accept the following checks and account types:** third-party checks, credit card checks, cashier's checks, money orders, traveler's checks, official checks, government checks.

PLEASE ATTACH
COPY OF VOIDED CHECK HERE

Confidentiality note: The documents accompanying this facsimile transmission may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly prohibited. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.

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