



Automated Clearing House (ACH) Authorization Form

2660 WILLAMETTE DR NE LACEY, WA 98516 · Fax: 877-627-4747

ID Number

PLEASE TYPE OR PRINT CLEARLY USING A DARK BALLPOINT PEN

ACCOUNT NAME

ADDRESS CITY STATE/PROVINCE POSTAL CODE

TELEPHONE NUMBER

E-MAIL ADDRESS

I (we) hereby authorize Univera to initiate either via paper or electronic means any debit or credit entries for orders on my (our) checking or savings account indicated below and the depository bank to debit or credit the same such account.

BANK NAME

BANK TELEPHONE NUMBER

BANK ADDRESS CITY STATE/PROVINCE POSTAL CODE

Please link this service to my (our):

CHECKING ACCOUNT

BANK ROUTING / ABA NUMBER

CHECKING ACCOUNT NUMBER

SAVINGS ACCOUNT

BANK ROUTING / ABA NUMBER

SAVINGS ACCOUNT NUMBER

Please attach a voided check to the space below. Deposit slips will NOT be accepted.



Check here if you currently receive a Convenience Plan (CP) order and would like to change the method of payment to ACH.

This authority is to remain in full force and effect until Univera and the bank have received written notification from me (us) of its termination in such manner as to afford Univera and the bank a reasonable opportunity to act on it. I (we) agree that Univera and the bank shall be fully protected in honoring any such check. I (we) further agree that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, both Univera and the bank shall have no liability to any party. I (we) further authorize Univera to release the preauthorization agreement to its bank and/or other necessarily involved in establishing and maintaining the ACH account.

SIGNATURE(S) DATE