



AUTHORIZATION FOR INITIAL PAYMENT BY ELECTRONIC TRANSFER

Use beginning May 2012

INSTRUCTIONS

This is for your first month's payment only.

If you would like to continue making payments by electronic transfer, please contact us at **1-800-731-4661**. Kaiser Permanente does not accept credit card payments for either initial or ongoing premium payments for small group coverage.

Return this form, along with your *New Group Application* to your Kaiser Permanente sales representative or your broker.

COMPANY INFORMATION

Company name		Customer ID (if assigned)	
Street address (no P.O. boxes)	City	State	ZIP

AUTHORIZATION

I authorize Kaiser Permanente and the designated financial institution to withdraw only the amount of the first month's premium from the company checking account identified below. If this item is returned unpaid, I authorize Kaiser Permanente to resubmit the item and charge this account an additional insufficient funds fee for the maximum amount allowed by the state as a result of a returned check.

Amount of first month's premium	Transit routing number	Bank account number
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SIGNATURE

Name (please print)	Title
Signature X	Date

Confidentiality note: This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information in the 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.