



AUTOMATIC DEBIT AUTHORIZATION AGREEMENT
(For pre-arranged payments/ACH Debits)

Client Name: _____

I (we) hereby authorize Trigon Staff Administrators, Inc., hereinafter called TSA, to initiate debit entries to my (our) checking account and bank indicated below.

Bank Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Bank Routing/Transit Number: _____

Account Number: _____

This authority is to remain in full force and effect until TSA and my (our) Bank have received written notification from me (us) of its termination in such time and in such manner as to afford TSA and the Bank a reasonable opportunity to act on it. I (we) have the right to stop a payment of a debit entry by notification to the Bank at such time as to afford the Bank a reasonable opportunity to act on it prior to charging account. After the account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by the Bank, provided I (we) send written notice of such debit entry in error to the Bank within fifteen (15) days following issuance of the account statement or 45 days after posting, whichever occurs first.

Name(s): _____ **Date:** _____

Signed: _____

Signed: _____

(Please staple cancelled check here)