



Payment Processing  
PO Box 19721  
Irvine, CA 92623  
800.433.0088



## Customer ACH Enrollment Form

BEST Life now offers ACH automated payments. Go-Green and never have to worry about your bill again! It's all automated and simple. Your ACH Payment will automatically draft and be applied to your policy.

Please complete this form and attach your voided check below. Or enroll online at:

[www.bestlife.com/ACH/online\\_banking.html](http://www.bestlife.com/ACH/online_banking.html)

### Company Information

<b>Company Name</b>	
<b>Group Number</b>	
<b>Contact Name</b>	
<b>Contact Phone or Email</b>	

### Financial Institution Information

<b>Bank Name</b>	
<b>Account Type (Checking or Savings)</b>	

Attach a voided check in the space below:

### Certification

I, as a representative for the above named company, hereby authorize BEST Life and Health to withdraw premium payments from the designated account on a recurring basis. This authority remains in place until the employer group representative provides written notice of change or cancellation.

<b>Printed Name</b>	
<b>Authorized Signature</b>	
<b>Title</b>	
<b>Date</b>	

