



Aetna Funding AdvantageSM Banking Consent Form

By signing below, I authorize Aetna to automatically debit our bank account (and to make corrections to previous debits) via automated clearing house transfers. I acknowledge there will be recurring debits in an amount equal to cover our then-due fees, stop loss premiums, claim payment liabilities, and ancillary premiums, including any late charges or interest. I agree to keep sufficient funds in the bank account to cover these debits. I understand that Aetna's rights with each debit are the same as if the debit was a signed check. I agree to abide by the timing and rules regarding billing and payment as contained in the Master Services Agreement and the current Billing and Banking Handbook.

The amount drawn will be deposited into an account at Citibank in the name of ALIC (Aetna Life Insurance Company). Customer agrees to instruct their bank to accept such ACH Debit transfer requests.

This authorization is effective immediately and shall remain in force until terminated. I understand that I must give at least 30 days advance notice to terminate or change this authorization and that Aetna is not responsible for charges I may incur from my bank because of my late notification of termination or change to Aetna. I further agree that I am responsible for any fees charged by my bank related to electronic funds transfer (EFT) or ACH, including overdraft, insufficient funds or electronic transaction fees.

Customer Name: _____

Effective Date: _____

Customer Banking Information / Authorized to ACH Debit

Bank Name: _____

Bank Account Number: _____

Bank Account Type (Check one): ☐ Checking Account ☐ Savings Account

ACH Routing (ABA) Number: _____

Customer Contacts

Contact 1

Contact 2

Name (Printed): _____

Title: _____

Phone: _____

Email: _____

Customer Authorized Signature

(Physical signature is not required when electronically signed through Adobe Sign.)

Signature: _____

Name (Printed): _____

Title: _____

Date: _____