

Stop Loss Claim Reimbursement Authorization Automated Clearing House (ACH)

Please use this form to request Automated Clearing House (ACH) setup for claim reimbursement payments or to make changes to the ACH information.

Date of Request:	Check all that apply: <input type="checkbox"/> Setup ACH <input type="checkbox"/> Change bank <input type="checkbox"/> Cancel ACH <input type="checkbox"/> Change account number
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Section 1 – Policyholder Information

Name:		
Address:		
City:	State:	Zip:
Contact Name:	Contact Phone:	
Contact Email:	Contact Fax:	

Section 2 – Bank Information

Bank Name:	Bank Account Owner: <input type="checkbox"/> TPA <input type="checkbox"/> Policyholder	
Address:		
City:	State:	Zip:
Bank Routing Number (9 digits):	Bank Account Number:	

Section 3 – Authorized Signature

I hereby authorize Berkley Life and Health Insurance Company to make all claim reimbursement payments due under the policy listed above by ACH. This authorization will be effective until further written notice from the Policyholder, or another legally authorized representative, is received by Berkley Life and Health Insurance Company.

To correct any overpayments, I hereby authorize the reversal of any amounts deposited in error.

Print Name:	Title:
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Signature of Authorized Representative of the Policyholder:	Date:

Print Name:	Title:
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Signature of Authorized Representative (if bank account holder is other than the Policyholder):	Date:

Please scan and email this to: BAH_ACH@BerkleyAH.com

Be sure to include:

- Completed ACH Authorization form
- Copy of voided check

If you have any questions or need help completing this form, please call your Berkley Account Manager for assistance.