

## Stop Loss Claim Automated Clearing House (ACH) Reimbursement Authorization

StarNet Insurance Company

Use this form to set up or make changes to Automated Clearing House (ACH) claim reimbursements.				
Check all that apply:  Setup ACH  Cancel ACH  Change ban		oank  Change account nu	mber Today's Date:	
Section 1 – Policyholder Information				
Please indicate the Primary Contact for payment inquiries				
Policyholder Name:				
Address:				
City:		State:	Zip:	
Primary Contact Name:			Contact Phone:	
Contact Email:		Contact Fax:		
Section 2 – Bank Information				
Bank Name:		IMPORTANT: You must attach either: (1) a voided check or		
Bank Account Owner:   TPA	☐ Policyholder	(2) a bank verification lett	(2) a bank verification letter showing the same information.  1001  PAY  100-765/432	
Address:		PAY TO THE ORDER OF		
City:	State: Zip:	ORDER OF	OID '-	
Always verify your bank information with your TPA Bank Routing Number (9 digits):		MEMO		
Bank Account Number:		Bank Routing Number Bank Account Number Check Number (do not use)		
Section 3 – Authorized Signature				
We will call you to verbally confirm your banking information, as an added layer of protection against fraud. If the person we should call to confirm banking information is different than the Primary Contact listed in Section 1, please provide their information below. <b>NOTE:</b> This person should hold a financial role in your company and be familiar with your bank accounts for verification purposes.				
call to confirm banking information is o	different than the Primary Con	tact listed in Section 1, pleas	se provide their information below.	
call to confirm banking information is o	different than the Primary Con Incial role in your company an	tact listed in Section 1, pleased be familiar with your bank	se provide their information below.	
call to confirm banking information is c <b>NOTE:</b> This person should hold a final	different than the Primary Con incial role in your company an Company to make all claim in ive until further written notice	tact listed in Section 1, pleased be familiar with your bank  Phone:  Exercise Exerc	se provide their information below. accounts for verification purposes. Email:  Le under the policy listed above by mother legally authorized	
call to confirm banking information is c <b>NOTE:</b> This person should hold a final Contact for Bank Verification - Name: I hereby authorize StarNet Insurance ACH. This authorization will be effect representative, is received by StarNe	different than the Primary Connicial role in your company and company to make all claim in its until further written notice to the transport of transport of the transport of the transport of the transport of transport of the transport of the transport of the transport of transport of the transport of tra	tact listed in Section 1, pleased be familiar with your bank  Phone:  Exercise Exerc	se provide their information below. accounts for verification purposes. Email:  Le under the policy listed above by mother legally authorized	
call to confirm banking information is contact for Bank Verification - Name:  I hereby authorize StarNet Insurance ACH. This authorization will be effect representative, is received by StarNet amounts deposited in error.  Signature of Authorized Representation X	different than the Primary Connicial role in your company and company to make all claim in its until further written notice to the transport of transport of the transport of the transport of the transport of transport of the transport of the transport of the transport of transport of the transport of tra	tact listed in Section 1, pleased be familiar with your bank  Phone:  reimbursement payments during from the Policyholder, or autrect any overpayments, I he	se provide their information below. accounts for verification purposes. Email:  Le under the policy listed above by nother legally authorized ereby authorize the reversal of any  Date	
call to confirm banking information is contact for Bank Verification - Name:  I hereby authorize StarNet Insurance ACH. This authorization will be effect representative, is received by StarNet amounts deposited in error.  Signature of Authorized Representation X  Print Name:	different than the Primary Connincial role in your company and company to make all claim rive until further written notice at Insurance Company. To conve of the Policyholder	tact listed in Section 1, pleased be familiar with your bank  Phone:  reimbursement payments de from the Policyholder, or an prect any overpayments, I he Title:	se provide their information below. accounts for verification purposes.  Email:  Le under the policy listed above by nother legally authorized ereby authorize the reversal of any  Date  Phone:	
call to confirm banking information is contact for Bank Verification - Name:  I hereby authorize StarNet Insurance ACH. This authorization will be effect representative, is received by StarNet amounts deposited in error.  Signature of Authorized Representation X	different than the Primary Connincial role in your company and company to make all claim rive until further written notice at Insurance Company. To conve of the Policyholder	tact listed in Section 1, pleased be familiar with your bank  Phone:  reimbursement payments de from the Policyholder, or an prect any overpayments, I he Title:	se provide their information below. accounts for verification purposes.  Email:  Le under the policy listed above by nother legally authorized ereby authorize the reversal of any  Date  Phone:	
call to confirm banking information is contact for Bank Verification - Name:  I hereby authorize StarNet Insurance ACH. This authorization will be effect representative, is received by StarNet amounts deposited in error.  Signature of Authorized Representation X  Print Name:	different than the Primary Connincial role in your company and company to make all claim rive until further written notice at Insurance Company. To conve of the Policyholder	tact listed in Section 1, pleased be familiar with your bank  Phone:  reimbursement payments de from the Policyholder, or an prect any overpayments, I he Title:	se provide their information below. accounts for verification purposes.  Email:  Le under the policy listed above by nother legally authorized ereby authorize the reversal of any  Date  Phone:	
call to confirm banking information is contact for Bank Verification - Name:  I hereby authorize StarNet Insurance ACH. This authorization will be effect representative, is received by StarNet amounts deposited in error.  Signature of Authorized Representation X  Print Name:  If bank account holder is other than the X	different than the Primary Connecial role in your company and company to make all claim in the until further written notice at Insurance Company. To conve of the Policyholder  The Policyholder – Signature of the Policyhold	tact listed in Section 1, pleased be familiar with your bank  Phone:  reimbursement payments defrom the Policyholder, or any overpayments, I he  Title:	per provide their information below. accounts for verification purposes.  Email:  The under the policy listed above by nother legally authorized bereby authorize the reversal of any  Date  Phone: Phone:  ACH@BerkleyAH.com.  not process your request without	