



ACH Authorization Agreement

Required

Beni Solutions requires an ACH transaction to withdraw the monthly premium payment for your group's health insurance policy. *Please make certain that the funds are available by the Due Date to avoid interruption of service.*

Client Account

Client Legal Name:	Effective Date:
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Billing Details

Invoice:	Invoice is generated and sent out by the 25 th of month prior to due date.
Billing Period:	The next month following the Invoice Date (e.g., Invoice generated on October 25 th will be for the November billing period).
Due Date:	The 1 st business day of each month (adjusted if necessary for holidays). This is when funds will be drafted.
Requirements:	Beni Solutions requires: <ul style="list-style-type: none"> Groups to maintain a minimum participation level of five (5) employees. Ghost Life fee applies if below minimum. Groups to provide written notification to voluntarily terminate their policy, effective thirty (30) days prior to termination date. Failure to pay premiums on a timely basis will result in termination of the group policy. Claims that processed without premium payment remitted will be at the responsibility of the Employer.
Adjustments:	Retroactive adjustments will be applied for thirty (30) days only. Premiums are NOT pro-rated. No refunds and/or partial refunds are issued. Client should pay as billed. Any reconciliation will be reflected on the next month's bill.
ACH Returns:	Should your draft be returned for any reasons, an email notification will be sent to ensure payment issue is corrected. If ACH is returned a second time \$100 fee will be added to the following invoice to recover fees incurred to Beni Solutions.
ACH ID's:	Banks often block unknown ACH IDs by default as a fraud-prevention measure. To ensure payments are not rejected, please add/whitelist ALL of Beni Solutions' ACH ID's to your bank account. ACH ID #1: 2204895317 ACH ID #2: 1204895317 ACH ID #3: 3204895317 ACH ID #4: 4204895317 ACH ID #5: 8204895317 ACH ID #6: 1082689000

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I hereby authorize **Beni Solutions** to initiate monetary withdrawals from my account at the financial institution named above for the limited purposes of payment of amounts due for participation in the Beni Solutions Program.

Further, I agree not to hold **Beni Solutions** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until **Beni Solutions** receives written cancellation from me or my financial institution.

Invoicing Set Up Options | Subgroups

1. My account **does NOT** have subgroups: If so, proceed to bank account details section. No action needed.

2. My account **DOES** have subgroups:

- If so, complete Subgroup Invoice Options →
- Ensure subgroup column is filled out on enrollment census
- If *Subgroup Invoice Option B*: Complete this form for **each** subgroup. 4 Subgroups = 4 ACH Forms.

Subgroup Invoice Options (if Option 2)

- A. One** group invoice and one bank account drafted with subgroups listed next to member name
- B. Multiple** invoices and bank accounts drafted: One per subgroup

Bank Account Details

Subgroup Name(if Option B):	Account Type:	<input checked="" type="checkbox"/> Checking
Name on Account:	Billing Contact:	
Bank Name:	Phone Number:	
Routing Number:	Email Address:	
Account Number:	Email Address 2:	

Signature

Authorized Group Signer (Name)	Signature	Title	Date
_____	_____	_____	_____