

Here's All You Do

Complete the Clearpay[®] authorization form and send it with your premium payment in the enclosed return envelope. In addition to your check for one month's premiums, please enclose a blank check marked "Void", or a deposit slip showing your preprinted bank account number. This will be used as a record of your account number, your bank's code, and other information that we'll need.

Clearpay[®]

With Clearpay[®], timely payments are never a concern. There is no check to write, no postage to pay. And this service is offered at no extra charge.

Clearpay[®] is a convenient, automatic way to pay your premiums.

You simply authorize **JACL Health Benefits Administrators** to withdraw the monthly amount due from your personal checking or savings account.



220 Sansome Street, Suite 1360
San Francisco, CA 94104
Phone: 800-400-6633

Authorization Form

I am: A new Clearpay® applicant A current Clearpay® user reporting a change in my bank or account number

Type of Account: Checking Savings (The automatic debit date will be the 15th of each month)

Bank Routing Number <i>Enter if no voided check attached.</i>		Bank Account Number <i>Enter if no voided check attached.</i>		
Name of Financial Institution		Branch Telephone Number		
Branch Address		City	State	Zip Code
Name(s) on Bank Account		Name of Subscriber		
Applicant Subscriber Number		Applicant Daytime Phone Number		
Mailing Address		City	State	Zip Code

I (we) hereby authorize the above financial institution to reduce the balance of my account by the amount of those debits (and/or corrections to previous debits). This authorization will remain in effect until I revoke the authorization indicated, at least 10 days before my account is to be debited.

Authorized Signature(s) – as it/they appear in the financial institution’s records. If the account is listed as a joint account, both account holders must sign. If the holder of the bank account is not an individual, the one signing on behalf of a company/partnership/etc. must identify him/herself and his/her relationship to the company/partnership.

Signature Date

Print Name Relationship

Signature (if joint account) Date

Print Name Relationship