



Funding Details Form

Administration Fees

Admin Invoice Payment Method:

- Auto Pull (ACH)
- Upon Approval (ACH)
- Upon Approval (EFT)

Admin Invoice Recipients:

Full Name:	Title/Role:
Email Address:	Phone Number:
Full Name:	Title/Role:
Email Address:	Phone Number:
Full Name:	Title/Role:
Email Address:	Phone Number:

Claims Funding

Claims Funding Method:

- Funding to Expected (Prefunding)
- Funding to Max (Prefunding)
- Pay As You Go (Weekly)

Claims Funding Payment Method:

- Auto Pull (ACH)
- Upon Approval (ACH)

Claims Funding Threshold:

If Auto Pull is elected for Claim Payment Method, you apply a Threshold amount, which will prompt HealthEZ to request approval for funding. This amount can be adjusted as needed.

- None
- Threshold Amount:

Claims Funding Request Recipients:

Full Name:	Title/Role:
Email Address:	Phone Number:
Full Name:	Title/Role:
Email Address:	Phone Number:
Full Name:	Title/Role:
Email Address:	Phone Number:

HEALTHEZ ACH Authorization Form

Employer Information

Full legal Name of Employer:	
Full Address:	
Tax Identification Number:	Phone Number:

Financial Institution Information

Full Legal Name of Financial Institution:	Branch:
Full Address:	
Account #:	Routing #:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Phone Number:	Fax Number:

This ACH Authorization Form authorizes America's TPA dba HealthEZ to initiate entries to the account at the Financial Institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authorization remains in effect until recinded in writing.

Signature:
Name:
Title:
Date: