

**Electronic Funds Transfer – Consumer**  
Authorization for Direct Debit via ACH

To enroll in Electronic Funds Transfer, fill out and return this form. Please make sure that you sign your name and date this form where indicated (Account Holder must sign too, if different from member).

**Member Details**

Member Name

Membership ID No. (As it appears on your ID card)

Mailing Address

Email Address

Telephone Number

**Bank Details**

Select One:

- Checking Account
- Savings Account

Banking/Financial Institution Name

Routing Number

Account Number

Bank Account Holder Date of Birth

**Date(s) and/or frequency of debit(s) – Initial below**

[  ] Recurring monthly debit (Standing Authorization) to my account, on the dates and in the frequency in accordance with my agreements with Select Option PDP. **I understand and acknowledge that the amount debited may change in accordance with my agreements with Select Option PDP, and I authorize Select Option PDP to charge such amount without further notice.**

**A Standing Authorization is an advance authorization by a consumer of future debits at various intervals.**

**Under a Standing Authorization, future debits may be initiated by the consumer through some further action, as distinct from recurring entries which require no further action and occur at regular intervals.**

[  ] I confirm that in connection with my request to make an ACH Debit payment, I hereby authorize Select Option PDP to validate my bank account and share information with GIACT Systems, LLC.

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)**

Direct Payment via ACH is the transfer of funds from a consumer bank account for the purpose of making a payment.

I (“PAYOR”) HEREBY AUTHORIZE Select Option PDP to electronically debit my bank account set forth below (and, if necessary, electronically credit my account to correct erroneous debits) as follows, beginning with the receipt of this authorization at the depository financial institution named below (“DEPOSITORY”). I agree that ACH transactions I authorize comply with all applicable law, rules (such as NACHA Rules) and regulations. NACHA is the National Automated Clearing House Association that administers and governs the ACH network.

I understand that this authorization will remain in full force and effect until I either: (1) notify Select Option PDP in writing, at the address Select Option PDP set forth below, that I wish to revoke this authorization, or (2) revoke the authorization by deleting the applicable account in the E-Bill System. I understand that Select Option PDP requires at least seven (7) days of prior notice in order to cancel this authorization.

This Authorization incorporates by reference all other agreements with Select Option PDP, including without limitation the E-Bill Terms and Conditions and all documents related to my insurance coverage. This Authorization does not constitute an agreement by Select Option PDP to accept any payment method attempted by Customer. Customer acknowledges and agrees that the information in this form must be validated in accordance with NACHA rules prior to debiting Customer’s account.

By signing below, I acknowledge that I have read the above Electronic Payment Terms and Conditions and agree to them.

\_\_\_\_\_  
Signature of Checking Account Holder Date

\_\_\_\_\_  
Member Signature Date

Account Holder Name: \_\_\_\_\_

Account Holder Address: \_\_\_\_\_

\_\_\_\_\_  
Account Holder Telephone Number: \_\_\_\_\_

Account Holder Email Address: \_\_\_\_\_

**Mail completed form and a copy of a voided check to:**

Select Option PDP  
PO Box 41535  
Philadelphia, PA 19101-1535

Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.