

COBRA Electronic Debit Account (EDA/ACH) Enrollment/Change Form

*=Required

Please Read First

1. Complete Section 1 - Participant Information.
2. Attach a voided check (or a photocopy of a check). PacificSource Administrators CANNOT accept deposit slips; they do not always show the information required.
3. If you do not supply a voided check, complete Section 2.
4. Complete Section 3 and fax the form along with a copy of the voided check to PacificSource Administrators at 541-225-3684 or mail along with COBRA Election Paperwork.
5. When canceling your EDA, please note that PacificSource Administrators needs to receive notification 10 days prior to the 1st day of the month you are requesting to cancel. If your request to cancel is received after this timeframe, the EDA will continue to be processed as normal.

1. Participant Information

I am (check one): Beginning a Canceling a Changing a Direct Debiting Account

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Social Security Number

Employee Name (First MI Last)

2. Financial Institution Information

Account Number*

Transit/ABA Number*

Financial Institution Name

Financial Institution Address

City

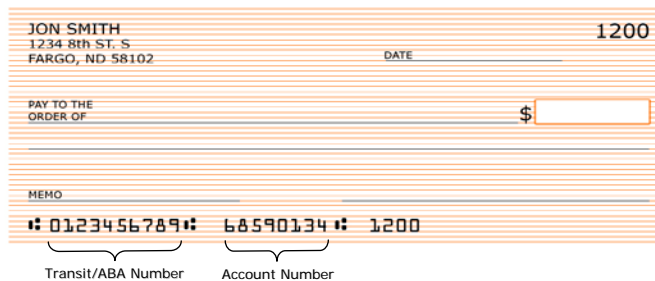
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State

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Zip

Account Type: Checking Savings



3. Qualified Beneficiary Authorization

Signature

Date

I hereby authorize PacificSource Administrators, until otherwise instructed, to begin deducting monthly COBRA premiums from my account. I understand that the amount deducted will be the amount due including any rate changes that may occur. I understand that while enrolled in the EDA I must maintain sufficient funds. Failure to do so will result in the discontinuance of the EDA and if I wish to continue my COBRA Continuation Coverage I will need to make payments by check. Furthermore, I understand that any request to discontinue or change the EDA will need to be made in writing and sent to the address, fax or email address above.