

ACH Withdrawal Questions and Answers – Standard

Please see page 2 of this document for the ACH Authorization Form

[For participants of Harvard University, Sun Life or Delta Dental Individual Plan, please refer to the plan specific forms located at www.crosbybenefits.com.]

Q. How do I set up an ACH withdrawal for my portion of the monthly premium?

A. Complete the *ACH Withdrawal Authorization Form*. To withdraw from a checking account, attach a voided check to the form. To withdraw from a savings account, provide the requested information (it is recommended that you obtain a letter from your bank identifying the account and transit/routing number for your bank). **Mail to the address indicated on your Employer or Former Employer's ACH Withdrawal Authorization Form.**

Q. Can I attach a cancelled check instead of a voided check?

A. No. You must attach a voided check not a cancelled check. If you attach a cancelled check, you may be at risk of the bank negotiating your check again.

Q. Can I fax the authorization form to Crosby?

A. Yes, you may fax the form and copy of your voided check to Crosby at 617-928-0001.

Q. What happens if I do not complete the authorization form correctly or do not include the proper documentation?

A. We will contact you if your form is not completed correctly or if additional documentation is required. You will continue to pay your premium with a "live" check until the ACH has been set up.

Q. Can I make my initial payment by ACH?

A. No. You must make your initial payment by check or money order.

Q. How do I know when my ACH payment will begin?

A. In order for the ACH process to take effect, your premiums must be paid through the month prior to the start date of the ACH request. If your ACH form is received at Crosby on or before the 25th of the month and your premiums are paid through the current month, your ACH will take effect for the next month's premium. For example, if your ACH form is received on January 10th, your premium must be paid through January in order for the ACH transaction to be initiated for February premiums.

Q. When will the premium be withdrawn from my account?

A. The payment of your premium will be withdrawn on the 5th of the month for which the payment is due. If the 5th of the month falls on a weekend or holiday, funds will be withdrawn the next business day. For example, if February 5th is a Sunday, funds will be withdrawn on Monday, February 6th. **IMPORTANT: If you are mailing your ACH form after the 1st of the month, please include a check for the current month's premium.**

Q. How do I stop ACH transfers? What if I close or change my account?

A. To stop transfers, notify Crosby in writing at least two weeks prior to the 5th of the month in which you wish to stop the ACH withdrawal. Please provide the date on which this request is to be effective. Crosby will remove you from the ACH transfer system and you must begin paying premiums by mailing a check. If you would like to request premium payment coupons, contact us 800-462-2235.



ACH Withdrawal Authorization – Standard Form

This option is available for those sending payments to: PO Box 981401, Boston, MA 02298-1401

Agreement Type	___ New Agreement ___ Change Account (please choose one)	
Employee Information <i>Please Print</i>	Name on Bank Account _____ Last 4 Soc Sec # XXX-XX-_____ Participant Name _____ Employer or Former Employer _____ Home Address _____ Daytime Phone No. (_____) _____ Email address _____	
Account Information	I authorize Crosby Benefit Systems to withdraw my portion of the monthly premium from my: ___ CHECKING account or ___ SAVINGS account	
Please SIGN	Signed _____ Date _____	
Complete for Checking Account Only	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>Please tape a voided check for checking account. (Do not staple.)</p> <p>DO NOT USE A CANCELLED CHECK.</p> </div> <div style="border: 1px solid black; padding: 5px; flex: 2;"> <p>John Doe 1000 Main St. Anytown, USA 11111 V - O - I - D Date: _____ 1245</p> <p>Pay to the Order Of: _____ \$ _____</p> <p style="text-align: center;">PLEASE TAPE A VOIDED CHECK HERE</p> <p>Memo _____</p> <p> 123456789 00111 11111 1245</p> </div> </div>	
Complete for Savings Account	For Savings Account: Routing/Transit Number: _____ Savings Account Number: _____ <i>Or attach a bank letter with savings routing and account number</i>	
Submission Information	Fax completed forms to: 617-928-0001	Or mail to: ACH Withdrawal Crosby Benefit Systems PO Box 981401 Boston, MA 02298-1401
Withdrawal Timing	The payment of your premium will be withdrawn on the 5 th of the month for which the payment is due. If the 5 th of the month falls on a weekend or holiday, funds will be withdrawn the next business day. For example, if February 5 th is a Sunday, funds will be withdrawn on Monday, February 6 th . If you are mailing your ACH form after the 1 st of the month, please include a check for the current month's premium.	
Cancellation Information	To stop transfers, you must notify Crosby in writing at least two weeks prior to the 5 th of the month in which you wish to stop the ACH withdrawal. Please provide the date on which this request is to be effective. Crosby will remove you from the ACH transfer system and you must begin paying premiums by mailing a check.	
For Admin Use Only	Set Up (name) _____ Date Received ___/___/___ Date Set Up ___/___/___ Paid Thru Date ___/___/___ Contacted Participant Y N Amount due: \$ _____ Missing Information _____	

