



**Authorization Agreement for Pre-arranged Charges  
Health Insurance Continuation  
Direct Payments or Direct Deposits**

**Part I Participant Information**

<b>Participant's Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Telephone Number</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Email Address</b>			

**Part II Debit or Credit**

I (we) authorize QVI Risk Solutions, Inc, authorized representative of Lane County, Oregon to initiate (check one)  
 Debit (**Deduct** pre-arranged charges from the Bank or Credit Union indicated below)  
 Credit (**Deposit** pre-arranged charges to the Bank or Credit Union indicated below)  
 entries to my (our)  Checking Account  Savings Account (check one)  
 In the event funds are deposited in error into my account, I authorize QVI Risk Solutions, Inc. to debit my account not to exceed the original amount of the credit (deposit).  
 I understand that all deposits or credits are made through the automated clearing house (ACH) and are subject to the terms and limitations of the ACH as well as my financial institution. I understand it is my responsibility to check my account for deductions or reimbursements.

**Part III Bank or Credit Union Information**

<b>Bank or Credit Union Name (Institution)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Transit/Routing/ABA number (first nine digits encoded on bottom left side of check)</b>	<b>Account Number</b>	<b>Start Date (mm/yy)</b>	

**Part IV Authorization**

This authorization is to remain in full force and effect until QVI Risk Solutions, Inc., on behalf of Lane County, has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give QVI Risk Solutions, Inc. and Institution a reasonable opportunity to act on it. Lane County reserves the right to cancel participation at any time.

<b>Participant's Name (please print)</b>	<b>Participant's Signature</b>	<b>Date</b>
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Attach Voided Check Here

For account transfers:  
 1) Authorization must be received by the 10<sup>th</sup> of the month prior to the month of coverage. For example, to pay July premiums authorization for ACH transfer must received no later than June 10<sup>th</sup>.  
 2) Payment will be processed on or around the 20<sup>th</sup> of each month for the following month's premiums. For example the July premiums will be deducted from your account on or around June 20<sup>th</sup>.  
 You may need to submit payment or you may be reimbursed through the mail if current authorization is not on file.

**Please return this form to: QVI Risk Solutions, Inc., P.O. Box 7199, Bend, OR 97708**