



ACH CREDIT OR DEBIT AUTHORIZATION AGREEMENT

COBRA Allies	Member Name:
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PRE-AUTHORIZED DEBIT / CREDIT PAYMENTS

I (we) hereby authorize COBRA Allies, hereinafter called COMPANY, to initiate ACH entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTIUTION, to credit/debit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S.law

Total payment \$ _____

Please select type of account **Checking** **Savings**

One-time Payment or

Recurring monthly payments. I (We) hereby authorize COBRA Allies hereinafter called COMPANY, to debit my (our)checking/savings account each month for COBRA insurance payments.

FINANCIAL INSTITUTION NAME	BRANCH	
CITY	STATE	ZIP CODE
TRANSIT/ROUTING NUMBER	ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANACIAL INSTITUTION a reasonable opportunity to act on it.

NAME(S) (Please Print)		IDENTIFICATION NUMBER	
DATE	SIGNATURE	SIGNATURE	