Direct Debit Authorization Form

If you wish to have your monthly invoice amount automatically debited from your company account, please complete the following. **Please allow up to one billing cycle to process your request. You must continue to submit your payment until your invoice indicates that the amount due will be debited from your account.**

Indicate which of your group plans are administered by CoPower:

☐ Dental ☐ Vision ☐ Life ☐ CoPower ONE

Is this a bank account change? ☐ Yes ☐ No

Group Information

Group Name: _____ Group ID: _____

Bank Account Information **(Must be a Checking Account)**

Account Holder's Name (if different from above): _____

Name of Bank: _____

Bank Address: _____

Bank Routing Number: _____

Account Number: _____

I hereby authorize CoPower to initiate debits from the account identified above. I understand it remains in effect until I give written notice to CoPower, which I must do by the 25th of the month. If I want to change the banking information that CoPower debits, I will submit a new Direct Debit Authorization form by the 25th of the month. In the event a debit is made to my account in error, I authorize CoPower to make a correcting entry to my account. CoPower will notify me of payments returned for insufficient funds or closed accounts, and repayment instructions.

Signature: _____ Date: _____

(Must be signed by account holder to authorize debit)

To complete your authorization process, **please return the completed form and voided check** to CoPower via email to requests@copower.com or fax to 650-348-1149. For questions contact CoPower at 888-920-2322.

Attach Voided Check

Please note: CoPower has the right to terminate this direct debit agreement at any time.

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