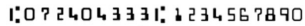


ACH Authorization Form

Fill out the following form to allow Oscar to store and debit payments from your bank account. By submitting this form you are authorizing Oscar to debit the first month's full premium automatically upon approval. Subsequent payments will be deducted automatically only if auto-pay is selected. ACH payments are easy and will help get your employees their member ID cards faster and easier!

Section A: Business billing information			
Billing contact (full name)		Business name	
Business billing address (cannot be a P.O. Box)			
City	State	ZIP code	County
Email		Phone	
Section B: ACH account information			
Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		 <small>Routing number (9 digits) Account number</small>	
Bank name		Routing number	
Account number		Confirm account number	
Section C: Payment settings			
<input type="checkbox"/> Enroll in auto-pay Have your bill automatically paid each month with the bank account you chose in the section above.		<input type="checkbox"/> Enroll in paperless billing Save paper and have your bill emailed to you and your team each month.	
Section D: General agreement			
I (we) hereby authorize Oscar Health Insurance Corporation / Oscar Garden State Insurance Corporation (for New Jersey) and associated entities (Oscar) to initiate entries to my (our) checking/ savings accounts at The Financial Institution listed above, and, if necessary, initiate adjustments for any transactions credited/ debited in error. This authority will remain in effect until Oscar notifies me (us) that this service has been discontinued or Oscar is notified by me (us) in writing to cancel it in such time as to afford Oscar and The Financial Institution a reasonable opportunity to act on it.			
Signature of applicant X		Sign here	Printed name Date (mm/dd/yyyy)