

UHCDirectBill Business Unit  
P.O. Box 224708  
Dallas, TX 75222-4708



UHCDirectBill Business Unit, P.O. Box 224708, Dallas, TX 75222 866-747-0048

## Authorization Agreement for Direct Debits (ACH Debits/Charges)

**Employer Name:** Foothill-DeAnza Community College

I (we) hereby authorize UHCDirectBill, hereinafter called COMPANY, to initiate debit (charge) entries to my (ou

( ) Checking Account

( ) Savings Account

at the financial institution named below and to debit the same to such account.

**Financial Institution Name:** \_\_\_\_\_

**(Bank, Savings and Loan, Credit Union, etc.)**

This authorization 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 Financial Institution a reasonable opportunity to act on it. I agree that submission of this Agreement does not constitute payment of COBRA premium, which continues to be my sole responsibility.

**Name(s):** \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Processing this Agreement requires setup time by UHCDirectBill and the financial institution, which is not within UHCDirectBill control. Therefore, to ensure continued COBRA coverage, participants should include at least one month's premium payment and the appropriate coupon/invoice with this Agreement. It is recommended that participants contact UHCDirectBill prior to the end of the applicable grace period to confirm proper ACH setup.

**NOTE:** ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**\*\* Please attach a voided check and mail or fax signed form to:**

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Phone: 866-747-0048  
Fax: 1-888-366-1507