



Recurring Automatic Payment (ACH) Request Form

You can also set up recurring ACH payments by logging in to your WEX participant portal account.

1. Recurring ACH debits can be set up for monthly payments only (no bi-weekly or weekly debits).
2. To set up recurring ACH payments, a completed form must be **received** by WEX at least **10 days** prior to the 1st of the month in which you want ACH payments to begin.
3. Premium payment for the previous month, if any, must be **received** by WEX at least **7 days** prior to the 1st of the month in which you want ACH to begin.
4. The recurring scheduled payment will be debited from your bank account on the 1st or the 5th of the month (or the following business day). To change the date of the scheduled payment, please log in to your participant portal account.
5. It is your responsibility to confirm that ACH payment is successfully withdrawn and posted to your WEX account before ceasing payment through any other method. **You may not be able to reinstate your continuation coverage if payment is not remitted to WEX in a timely manner.**
6. If your premium amount is increased due to midmonth coverage changes, you are responsible for paying the increased amount for that month within the normal grace period. You are also responsible for monitoring whether ACH payment for the following month is successfully withdrawn and posted to your WEX account.
7. Fax the completed form with a copy of your voided check to 855-343-8181 or mail to the address at the top of the form.
8. To terminate or change recurring ACH, a completed form must be **received** at least **15 days** prior to the 1st of the month in which you want ACH to stop or change. If your request is received after this timeframe, the effective date of the cancellation or change may be delayed by one month.

Section 1: Participant Information (Check the applicable action) *=Required Field

Add Authorization
 Cancel Authorization - Effective Date:
 Change Bank Account Information
 Effective Date

- -
 Social Security Number*

- -
 Phone Number*

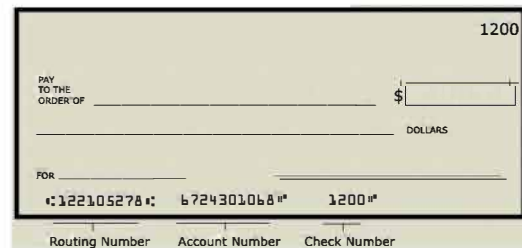
Section 2: Bank Account Information (complete the fields below or attach a voided check)

Bank Name*

Routing Number*

Account Number*

Account Type (check one)* Checking Savings



Section 3: Authorization Signature

I authorize WEX Health, Inc to initiate a debit from my bank account listed above for recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization may be automatically amended to authorize the debit of the amount equal to the new required premium payment plus additional service fees, if any. However, my account must be fully paid for debits to continue pursuant to this authorization. If changes are made to my plan (including, without limitation, a change to my first day of coverage) or any other event occurs resulting in a reallocation of past payments, WEX Health, Inc may suspend my recurring ACH. I also understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for any reason. If ACH payments are suspended or a debit does not occur for any reason, I am required to fully pay my account by an alternative form of payment (e.g., paper check) before ACH will resume. **This authorization will remain in full force and effect until WEX Health, Inc has received written notification from me of its termination in such time and manner as to afford WEX Health, Inc a reasonable opportunity to act on it.** I understand and agree to the terms outlined and authorize WEX Health, Inc to make appropriate changes to my required premium deduction as necessary.

 - -

Authorized Accountholder Signature* Date