



**EMPLOYER AUTHORIZATION FOR ELECTRONIC WITHDRAWAL OF INITIAL PREMIUM FROM CHECKING ACCOUNT LETTER**

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The Letter of Authorization must be:

- on the employer's letterhead;
- dated with both the date signed by the employer and the effective date of the proposed transaction;
- signed by an authorized officer, owner, or partner of the employer; and
- a copy of a voided corporate check must be attached.

The text of the Letter of Authorization must be substantially similar to the following:

Please be advised that \_\_\_\_\_ (the "Employer") hereby authorizes AmeriHealth New Jersey to directly access its checking account for payment of initial premiums effective \_\_\_\_\_ (date) and ending \_\_\_\_\_ (date).

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Signature

Date

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Print name

Title

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Account number

Account type

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Financial institution

Routing number

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Employer Auth for Electronic Withdrawal rev. 20111213

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