



Aetna Funding Advantage Self-Funded Banking Consent Form

Aetna shall be authorized to debit Customer's bank account specified below. This will be done monthly utilizing an ACH Debit to cover the total amount of Customer's monthly liabilities and / or late charges. If funding is not secured by the draft due date then a 12% annual late fee will be assessed.. The amount drawn will be deposited into an account at Citibank which shall be in the name of ALIC (Aetna Life Insurance Company). This is done in compliance with the Master Services Agreement ("MSA"). The Customer will instruct their bank to accept such ACH Debit transfer requests.

Customer Name: _____

Effective Date: _____

Customer Banking Information / Authorization to ACH Debit

Bank Name: _____

Bank Account Number: _____

ACH Routing (ABA) Number: _____

Customer Contacts

Contact #1

Contact #2

Name: _____

Title: _____

Phone #: _____

Email: _____
