

International Healthcare Services, Inc.

Send Completed Form To:

Healthplex, Inc.

Attn: Accounting Department

333 Earle Ovington Blvd., Suite 300

Uniondale, New York 11553-3608

E accounting@healthplex.com F 516-745-0079

Group Payment Form

Group Information			
Company Name		Group Number	
Address	City	State	Zip Code
Contact Person	Phone	Email Address	
Payment Options			
<input type="checkbox"/> Direct Debit *Allow 30 days for processing. First payment must be made by check.			
Routing Number		Account Number	
Financial Institution			
Name on Account			
<input type="checkbox"/> Credit Card		Please Select: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Name on Card (Last, First, M.I.)		Company Name on Card (if applicable)	
Card Number			Expiration Date
An additional \$5.00 processing fee will be added to any credit card charge.			
Authorization			
<p>Authorization Agreement for Direct Pay: I hereby authorize International Healthcare Services, Inc. to initiate direct debits from the above-referenced bank account and give International Healthcare Services, Inc. authorization from the group to instruct the financial institution to debit such account for premium payments due. I understand that the monthly direct debit of invoiced amounts will be processed approximately on the 5th business day of each month. I also understand that three (3) business days (in writing) are required to deactivate Direct Pay. Such request can be provided via mail, email or fax.</p>			
Authorized Signature		Print Name	
Title			Date