



**Carolinas AGC NC Health Plan Trust
Debit Authorization**

I (we) hereby authorize Capstone Administrators as Contract Administrator for the Carolinas AGC NC Health Plan Trust, hereinafter called COMPANY, to initiate debit entries for (Vendor Debits) from my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law.

_____ (Financial institution Name) _____ (Branch)

_____ (Address) _____ (City/State) _____ (Zip)

_____ Type of Acct: _____ Checking ___ Savings
(Routing Number)* (Account Number)

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ (Print Employer Group Name) _____ (Signature)

_____ (Date)

_____ (Print Employer Address)

***Please include a voided check with this form submission.**