

Company Debit Account Deposit Form



I am including a check or an authorization to charge a credit card, to place funds in my company's account for the purpose of payment for any product sold through the AHIP's Center for Insurance Education and Professional Development store. I understand that no charges against this account will be processed without prior authorization from the designated Company Payment Administrator. I also understand that the balance is not subject to expiration, and can be refunded anytime upon request.

Contact Person Information

Name _____ Title _____
Phone _____ Fax _____ Email _____

Company Information

Name: _____ Company ID (if known): _____
Address: _____

Payment Method

- Check** - A check is enclosed in the amount of \$ _____ *(payable to America's Health Insurance Plans)*
- Credit Card** - Amount to be charged \$ _____

Name (as it appears on the card) _____
Credit card Billing Address _____

Credit card Number _____ Exp. _____
Authorized Signature _____ Date _____

**To Complete a Check deposit on your account,
Please return this form to:**

Bank of America/AHIP
PO Box 631004
Baltimore, MD 21263

**To Complete a Credit Card deposit on your account,
please return this form to.....OR.....Fax it to:**

America's Health Insurance Plans 202.955.4397
Finance Department
601 Pennsylvania Avenue, NW
South Building, Suite 500
Washington, DC 20004