

Company Debit Account Deposit Form



By submitting Company information, I am authorizing to place funds in my company's account for the purpose of payment for products or courses sold through the AHIP's Center for Insurance Education and Professional Development store.

Contact Person Information

Name _____ Company _____

Phone _____ Email _____

Company Information (New Company ONLY)

Name _____ Company _____

Title _____ Email _____

Address _____

IMPORTANT: Return form with Check

☐ **Check**
To Complete a Check deposit on your account,
America's Health Insurance Plans
PO Box 418091
Boston, MA 02241-8091

IMPORTANT: Return form to financefrontline@ahip.org

☐ **Credit Card** - Amount to be charged \$ _____

(Credit card payments are processed via Zoho. Zoho invoice is integrated with major online payment gateways to help make payments convenient. Customers will receive a link via email directly from AHIP, powered by Zoho Invoice, in order to authorize your card payment remotely.)

IMPORTANT: Reference Company ID/Debit Account within ACH or Wire information

ACH Domestic *deposit on your account,*
Bank: Bank of America
Account# 0020-8010-7238
ABA Routing# 054001204

Wire Domestic *deposit on your account,*
Bank: Bank of America
Account# 0020-8010-7238
ABA Routing# 026009593