



## Claims Based Banking Form for HRA

Group Information		
Group Size:	<input type="checkbox"/> 2-50 (Group is billed monthly) <input type="checkbox"/> 51-99 (Groups is billed monthly) <input type="checkbox"/> 100+ (Groups is billed weekly)	
Group Effective Date:		
Group Name:		
Group Address:		
City:	State:	Zip:
Base Group Number:	Section Numbers:	
Medical Mutual AE:	Phone:	Email:
Medical Mutual AA:	Phone:	Email:
Group Billing Contact:	Phone:	Email:
Medical Mutual Services draws down funds electronically through the use of the ACH (Automated Clearing House). This system is efficient and cost effective. Your signature is required to allow us to debit your account using this type of electronic funds transfer system.		
Account Name:	Bank Name:	
Bank's ABA Number:	Account Number:	Account Type: (checking or savings)
Comments		

Email completed form to:  
[TPABilling@medmutual.com](mailto:TPABilling@medmutual.com)

Footnote:

- Authorization is required from the group for Medical Mutual to initiate ACH payment withdrawal directly from the designated bank account provided by the group.
- By completing this form and submitting, TPA Billing will work with Corporate Treasury who will reach out directly to the group billing contact listed above.



**Medical Mutual®**  
100 American Road  
Cleveland, Ohio 44144  
[MedMutual.com](http://MedMutual.com)

Month DD, YYYY

Address Line 1  
Address Line 2  
Address Line 3 (if necessary)  
Address Line 4 (if necessary)

Dear Name,

Medical Mutual Services draws down funds electronically through the use of the ACH (Automated Clearing House). This system is efficient and cost effective. Your signature is required to allow us to debit your account using this type of electronic funds transfer system.

Please complete the following information:

Account Name:  
Bank Name:  
Bank's ABA Number:  
Account Number:  
Account Type: (checking or savings)

Please return this form, also copying [TreasuryDept@medmutual.com](mailto:TreasuryDept@medmutual.com).

Sincerely,

Medical Mutual Treasury team

Customer Authorization	
Company:	
By: (Please Print)	
Signature:	
Title:	
Date:	