



Board of Directors:

Ms. Theresa Saunders
President
Mr. Tomas Salazar
Vice Chair
Ms. LeAnne Larrañaga-Ruffy
Secretary
Neil Kueffer
Executive Director

ACH AUTHORIZATION FORM

Name (Last, First, Middle Initial)	Social Security No	Date of Birth
ACH is the transfer of funds from your Check premium payment to NMRHCA.	cing/Savings account for the purpose of	making a monthly
I(Con Care Authority (NMRHCA) to electronically	tract Holders Name) authorize New Modebit my account as follows:	exico Retiree Health
Select One:		
☐ Checking Account		
☐ Savings Account		
Routing Number:Account Number:		
<u>Please</u>	attach a void check.	
I(Contremain in full force and effect until I notify N understand that NMRHCA requires at least 30	MRHCA in writing, that I wish to revo	s authorization will ke this authorization. I
Contract Holders Signature		