



**300 N. Meridian Street, Suite 1710, Indianapolis, IN 46204**  
**[www.valenzhealth.com/stoploss](http://www.valenzhealth.com/stoploss) • Phone: 1.877.884.6475 •**  
**Email: [stoplossclaims@valenzhealth.com](mailto:stoplossclaims@valenzhealth.com) • Fax: 463.203.5151**

## **AUTOMATED CLEARING HOUSE**

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To have claim payments ACH deposited, please complete the following information and return to Valenz Stoploss at the above contact information.

TPA Name:

Policyholder Name:	
Name on Bank Account: <small>*if account is in the name of the TPA, please fill out box below</small>	
Bank Routing or ABA Number:	
Bank Account Number:	
Checking or Savings Account:	
Authorized Signature:	

Your ACH activity will start in approximately 10 working days.

For Bank Account in the name of the TPA, the stop loss contract may require the Policyholder to provide authorization to receive claim reimbursements on their behalf, please have authorized representative of Policyholder sign below:

Policyholder Name:	Policyholder Authorized Representative Name:
Authorized Representative Signature:	