Electronic Billing Registration Form

Completion of this form provides access to CalCPA Health's electronic billing system, eBenefits Billing, where monthly invoices may be accessed and online payments are remitted for the employer firm listed below. *Completed forms may be emailed or faxed to Banyan Administrators or to your designated Account Manager for processing.* Logon credentials will be sent to the specified user once this form has been processed.

Client Code: _____

Firm Name: _____

Please provide contact information for the HR professionals who will require access to the Electronic Billing system. Upon completion of this form, Banyan Administrators will provide log on information and user instructions.

Name	Email	Phone
Name	Email	Phone

☐ Please check if you no longer want to receive a hard copy of your monthly invoice.

By signing below, I understand and agree to the following:

1. The users listed above have the appropriate clearance established by the employer to have access to confidential billing and payment information.

2. User IDs and passwords issued are confidential and specific to each user. User IDs and associated passwords are not to be shared or transferred to anyone. The employer is responsible for notifying Banyan Administrators immediately when a user is either terminated or should no longer have access to the Electronic Billing system.

3. I understand that it is our responsibility to view our group's invoice each month and remit payment by the due date. Coverage will be terminated if payment is not received within the accepted grace period.

Printed Name	Title
Signature	Date