



Online Self Reporting

Installation payment plans should complete ACH signup through the LUBA Payment Portal

Reporting online provides the ease of automatic premium calculations with 24/7 reporting and payment flexibility with confirmation that your payroll information and payment have been received by our office. A copy of your completed worksheet and payment confirmation are available to print from the website.

Please complete this form and return with a **VOIDED CHECK** by mail, fax or email. Originals are not necessary.

Email: billing@lubawc.com

Fax: (225) 216-4201

Mail: 2351 Energy Drive, Suite 2000, Baton Rouge, LA 70808

Online login information will be emailed to you, within 5-10 business days of the Billing Department receiving this completed form. After you receive the login information, you may log into our website at www.lubawc.com, by the 15th of each month and report payroll amounts for the previous month. Once the system calculates your premium and you review the premium to be charged, you then complete the transaction by selecting submit. If you have any questions about the Online Self Reporting process, please contact the Billing Department at (225) 389-5822.

AUTHORIZATION FOR ELECTRONIC ACH TRANSACTIONS

FEIN# _____ Company Name _____

Contact Person _____ Email (*required*) _____

Bank Name _____

Routing Number

Account Number

I agree **LUBA Workers' Comp** may automatically debit my bank account for the amount submitted on the online self-reporting worksheet each time I submit a worksheet. I understand that this payment may be drafted as soon as the submission is received by **LUBA Workers' Comp**. I also understand, in order to cancel this payment after that time I will need to contact my financial institution and notify **LUBA Workers' Comp**. I agree that **LUBA Workers' Comp** or my financial institution can cancel automatic payments for my account for any reason, at any time, with or without prior notice to me. I understand that a return fee of \$30.00 will be charged on all returned items. I acknowledge that the origination of these debits to my account must comply with U.S. laws. I agree that this agreement remains in effect until cancelled by **LUBA Workers' Comp**, my financial institution, or me. I have a copy of this agreement and I know I can also contact **LUBA Workers' Comp** for a copy. **PLEASE SEND A VOIDED CHECK WITH THIS FORM.**

(1) Signature

Please Print Name

Date

(2) Signature

Please Print Name

Date