Electronic Funds Transfer (EFT) Payment Option

IF YOU ARE ALREADY ENROLLED IN EFT AND ARE NOT CHANGING YOUR BANK INFORMATION, PLEASE DO NOT RESUBMIT THIS FORM.

What is EFT?
Electronic Funds Transfer (EFT) allows the Health Plan to electronically withdraw your monthly premium payments directly from your bank account around the 10th of every month.

How do I start EFT?
Complete and return this form and attach a voided check or savings deposit slip where indicated below, for the account listed on the form. If your check or savings deposit does not include your account number and routing number, then you may provide a letter from your bank with this information. Your first EFT will occur on or around the 10th of the month following the Health Plan's receipt of this form. Please note: Any and all past due premiums (if applicable) will also be withdrawn from your account at that time.

Return this completed form to: Health Plan-Premium Billing Dept.
5955 E Broad Street, Health Plan - Second Floor, Columbus, OH 43213

Membership Information

First Name	Last Name	Middle Initial

Street Address	City	State

Zip	Phone Number	Member ID

Bank Information

Full Bank Name		

Street Address	City	State

Routing Number	Account Number	Account Type ☐ Checking ☐ Savings

☐ **Please check if this is a bank change.**

Turn page – More Information on Back

I hereby authorize the Health Plan, hereinafter called COMPANY, to initiate debit entries to the account indicated above and the depository named above, hereinafter called DEPOSITORY, to debit the same such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY a reasonable opportunity to act on it.

Bank Account Holder Signature	**Date**

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

What are the advantages of EFT?
Simply put, you'll save time and money. You'll no longer need to remember to write a check each month and mail it to the Health Plan.

What happens if I change banks?
Please notify us in writing or by calling Member Services. We will send you a new authorization form to complete, sign and return to us along with the voided check or savings deposit slip from your new account. Please check the box on the form indicating you have changed banks.

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Trinity Health Plan New York (HMO) and Trinity Health Plan of Michigan (HMO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).

MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Trinity Health Plan New York (HMO) and Trinity Health Plan of Michigan (HMO) are Medicare Advantage organizations with Medicare contracts. Enrollment in these plans depend on contract renewal. Benefits vary by county. These plans comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping) and gender (includes gender identity, gender expression and/or pregnancy). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-240-3851 (TTY: 711). 注意：如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800-240-3851 (TTY: 711).