# **Electronic Funds Transfer (EFT) Payment Option**

# IF YOU ARE ALREADY ENROLLED IN EFT AND ARE NOT CHANGING YOUR BANK INFORMATION, PLEASE DO NOT RESUBMITTHIS 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 Please note: Any and all past due premiums (if applicable) will also be withdrawn from your account at that time.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. 3100 Easton Square Place Suite 300 – Health Plan, Columbus, Ohio 43219

## **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 hank change	

Electronic Funds Transfer

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



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 Trinity Health Plan New York (HMO), MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Saint Alphonsus Health Plan (HMO/PPO), 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).

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