

## 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 Saint Alphonus Health Plan (HMO/PPO) 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 Saint Alphonus 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 Please note: Any and all past due premiums (if applicable) will also be withdrawn from your account at that time.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: Saint Alphonus Health Plan-Premium Billing Dept.  
3100 Easton Square Place Suite 300 – Health Plan, Columbus, Ohio 43219**

### Membership Information

<b>First Name</b>	<b>Last Name</b>	<b>Middle Initial</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>
<b>Zip</b>	<b>Phone Number</b>	<b>Member ID</b>

### Bank Information

<b>Full Bank Name</b>		
<b>Street Address</b>	<b>City</b>	<b>State</b>
<b>Routing Number</b>	<b>Account Number</b>	<b>Account Type</b> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>

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

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I hereby authorize Saint Alphonsus 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.

<b>Bank Account Holder Signature</b>	<b>Date</b>
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**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 Saint Alphonsus 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.

Saint Alphonsus Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on contract renewal. Benefits vary by county. Saint Alphonsus Health Plan complies with applicable Federal civil rights laws and does 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: is habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-240-3851 (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 1-800-240-3851 (TTY: 711).