



Authorization for Electronic Funds Transfer (EFT)

Instructions

1. Complete, sign and date this authorization agreement for monthly automatic bank deductions of your insurance premiums.
2. Attach a blank VOIDED check from the checking account you wish to make this monthly draft OR provide routing and account numbers.
3. Return this form and the VOIDED check to Moda Health in the enclosed return envelope.

Subscriber name (Last, First, MI)	Subscriber ID
-----------------------------------	---------------

Authorization

I authorize Moda Health to charge my (individual or joint) checking account for monthly insurance premiums for the above named individual. I also authorize my bank named here to honor these monthly charges. This authority will remain in full effect until Moda Health and my bank have received written notification from me of its termination in such time and in such manner as to afford my bank and Moda Health a reasonable opportunity to act upon it. I have the right to stop payment of a debit entry by notification to my bank in such time as to afford my bank a right to have the amount of an erroneous debit immediately credited to my account by my bank, provided I send written notice of such an error to the bank within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. I also understand it may take up to one month after the policy effective date to begin electronic deductions and that the deduction amount will be for the balance due or a premium notice will be sent so my health insurance may be kept current.

Subscriber signature X	Date
---------------------------	------

If the holder of the checking account is different from the Subscriber for the insurance, please also provide the account holder's signature below.

Account holder signature X	Date
-------------------------------	------

Banking information

Account holder name	Bank name
Bank routing number	Bank account number

Account type: Checking Savings

ATTACH VOIDED CHECK HERE

The image shows a sample voided check stub. At the top right, it says "DOLLARS" and "Security Features include on back". Below this, there is a line for the amount. Underneath, the word "FOR" is printed. Two boxes contain the routing and account numbers: "0000000186" and "000000529". Below these boxes are labels "9-digit routing no." and "Account no." respectively. The entire stub is surrounded by a decorative border.

Ready to submit? Mail this form with a copy of a voided check to Moda Health:

Return to: Moda Health Plan, Inc.
Attn: Medicare Membership Accounting
601 S.W. Second Ave.
Portland, OR 97204-3156

If you have any questions about the form or the EFT process, please contact Moda Health Customer Service at 503-265-4762 or call toll free 1-877-299-9062. Customer Service is available from 7 a.m. to 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. TTY users should call 711.

modamedicare.com

Health plans in Oregon and Alaska provided by Moda Health Plan, Inc.