

## 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.

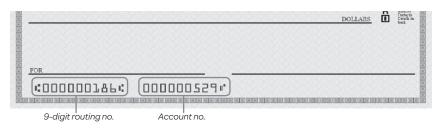
| Subscriber name (Last, First, MI)  | Subscriber ID   |
|--|---|
|  |   |
| Authorization  |   |
| I authorize Moda Health to charge my (individual or joint) the above named individual. I also authorize my bank name will remain in full effect until Moda Health and my bank has in such time and in such manner as to afford my bank and have the right to stop payment of a debit entry by notificate to have the amount of an erroneous debit immediately cranotice of such an error to the bank within 15 days following posting, whichever occurs first. I also understand it may to begin electronic deductions and that the deduction among sent so my health insurance may be kept current. | ned here to honor these monthly charges. This authority are received written notification from me of its termination of Moda Health a reasonable opportunity to act upon it. I ation to my bank in such time as to afford my bank a right redited to my account by my bank, provided I send written g issuance of the account statement or 45 days after ake up to one month after the policy effective date to |
| Subscriber signature   | Date  |
| If the holder of the checking account is different from the account holder's signature below.  | Subscriber for the insurance, please also provide the   |

## **Banking information**

| Account holder name | Bankname            |
|---------------------|---------------------|
|                     |                     |
|                     |                     |
| Bank routing number | Bank account number |
|                     |                     |
|                     |                     |
|                     |                     |

Account type: 
Checking Savings

## ATTACH VOIDED CHECK HERE



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

Return to: Moda Health, 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 member services at 503-265-4762 or call toll free 1-877-299-9062, between the hours of 7 a.m. and 8 p.m. Pacific Time, Monday through Friday.

TTY users should call 711.

modahealth.com/medicare