



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
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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
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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
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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 of a voided check. At the top right, it says "DOLLARS" and "amount payable on back". Below that, there is a line for the amount. Underneath, it says "FOR" followed by two input fields. The first field contains the routing number "000000186" and is labeled "9-digit routing no." below it. The second field contains the account number "000000529" and is labeled "Account no." below it. The check has a decorative border and a watermark.

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