

Group automatic bill payment plan enrollment form



I authorize Priority Health to deduct the premium payment from the checking or savings account listed below. I understand the deduction will occur on the first business day of every month and if at any time I decide to discontinue this payment service, I will notify Priority Health in writing 30 days before discontinuing.

Company Name _____

Group Id _____

Billing Address _____

City/State/Zip _____

Mailing Address (if different) _____

Phone # _____ Contact person _____

I understand I must be authorized by the company to sign this form on its behalf.

Authorized Signature _____ Date _____

Print Name _____

To ensure the correct account number is used for this electronic payment and to obtain the ABA/Routing number, please contact your financial institution.

Name of Financial Institution _____

ABA/routing number (9 digits on bottom of check) _____ - _____ - _____

Checking (or Savings) account No. _____

There will be a \$50.00 charge for any transfers returned insufficient.

IMPORTANT: Please include either a voided check, copy of a voided check, copy of a statement or a bank letter with this application.

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Priority Health has developed an electronic fund transfer process for collecting monthly health insurance premiums.

On the first business day of the month, the checking or savings account that you have designated on the first page of this form will be automatically debited for the amount on your billing statement. You will receive your premium billing statement each month approximately ten (10) days prior to the deduction occurring from your account.

Priority Health must be notified of any changes to your designated account at least 5 business days prior to the last day of the month.

Please fill out all information appropriately and return it with your application for coverage or it can be mailed directly to:

Attn: Group Services
MS 2270
Priority Health
1231 East Beltline NE
Grand Rapids MI 49525

You will receive a letter in the mail confirming your request for automatic monthly deductions from the account specified. This letter will also notify you in advance of the first date that your premium payment deduction will occur.

If you have any additional questions on the automatic bill payment plan, please call Group Services at 800 942-0954.