



## 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 1<sup>st</sup> 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.



## **Group Automatic Bill Payment Plan**

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

On the first day of every 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.