



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 Summit Health in the enclosed return envelope.

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

I authorize Summit 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 Summit 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 Summit 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.

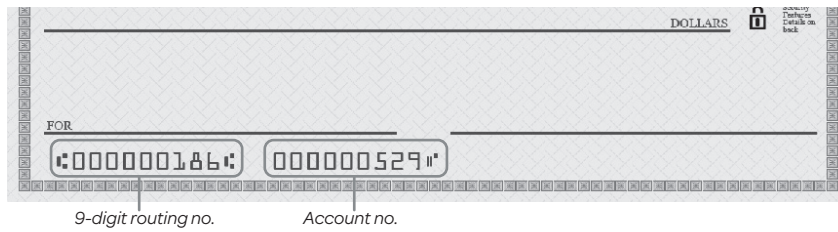
Account holder signature X	Date
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Banking information

Account holder name	Bank name
Bank routing number	Bank account number

Account type: Checking Savings

ATTACH VOIDED CHECK HERE



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

Return to: Summit 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 Summit Health Customer Service 844-827-2355 (TTY users, please call 711).

Our customer service team is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct. 1 to March 31. After March 31, your call will be handled by our automated phone system on weekends and holidays.

YourSummitHealth.com