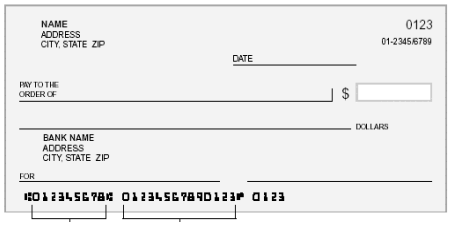
Authorization Agreement for ACH Debit/Change Method of Premium Payment

To authorize a monthly ACH debit or to request a change in the method of premium payment, please indicate which billing method you are changing to and complete all applicable information. You will then need to sign, date and return this form to Coventry*One*. See the bottom of this form for details.

☐ **ACH / EFT Draft** **Member Name:** _____ **Case Number:** _____

Please note: premiums are withdrawn on the 5th calendar day of the month (or next business day) in which they are due.

A voided check or savings account deposit slip should be attached to ensure accuracy of below content



Please provide the following information: ☐ Checking Account ☐ Savings Account

Name of Bank or Savings Institution: _____

9-Digit Routing Number: |___|___|___|___|___|___|___|___|___| Account Number: _____

Name that appears on the Account:_____ Address on the Account:_____

Relationship of Account Holder to the Primary Applicant: ☐ Self ☐ Spouse ☐ Other _____ Note: Business bank accounts may not be acccepted.

If premium payment is returned unpaid, a Return Fee amount will be assessed in the amount of $20.00. Account Holder hereby authorizes Coventry*One* to collect the premium payment due, including the return fee amount, via automatic withdrawal from the account identified and provided herein or then current.

By signing below, I authorize Coventry*One* to initiate automatic withdrawal of applicable premium payments from the account listed above. **I understand that it is my responsibility to notify Coventry*One* if I change banks or account numbers.** I further agree this authorization will remain in effect until I provide written notification terminating this service. This request must be received at least ten (10) business days prior to the next scheduled draft date..

Account Holder Signature:_____ **Date:**_____

Account Holder Name (print):_____ **Phone Number:**_____

Please Print

☐ **Statement Billing (Where Available)** **Case Number:** _____

Please call 1-877-849-9690 to see if the statement billing option is available for your policy, prior to completing this form. Note that premiums are due on the 1st day of the month. **An administrative fee will be added to each premium billing.** Setup for statement billing may take up to 45 days. If you are changing your current payment option from ACH withdrawal to statement billing, you may incur another bank draft prior to receiving the first billing statement.

Member's Signature: _____ **Date:** _____

Account Holder Name (print):_____ **Phone Number:**_____

Complete, sign, date and fax this form to Coventry*One* Member Services at 1-877-899-6447
or mail the completed form to Coventry*One* Member Services, *Attn: Billing and Enrollment, P.O. Box 31210, Tampa, FL 33630-3210*.